

362.05

HOSM

Hospital Management

*A Practical Journal
of Administration*

VOLUME XXXIII—NUMBER 6

JUNE 15, 1932



THE LIBRARY OF THE
SEP 16 1937
UNIVERSITY OF ILLINOIS

¶ *Little Things That Mean Big Collection Failures* ¶ *Minimizing Losses from Automobile Accident Service* ¶ *More Articles for Your Local Papers* ¶ *"Act on the Facts" A. H. A. Detroit Keynote* ¶ *Miller Hospital's New Nurses' Residence* ¶ *Survey Before You Build, Urges Midwest Association* ¶ *Graduate Nursing Better, Says 50-bed Hospital* ¶ *Who Should Manage Dietary Department?* ¶ *Record Librarian's Life One Problem, Then Another.*

"Sleeps like a Lamb now"

"I see now, Nurse, that you were right. It was the soap that made him so fretful. Since I've changed to Ivory Soap for his bath and to wash his clothes, his skin has cleared up and he sleeps just as you said he should."

The cost of a soap is no guarantee that it will be safe for your baby. If all mothers used a mild, pure soap, without perfume or coloring matter, there would be more comfortable babies in the world. There's no mystery about a soap, as you know. It can't work magic, but if it's pure, it's safe. If Ivory Soap cost a dollar a cake, it couldn't be purer and finer and safer.

IVORY SOAP
99 ¹/₁₀₀ % Pure ... "It floats"

Kind to everything it touches

Guest IVORY SOAP

IVORY SOAP

Here is an advertisement appearing in the current issues of *American Journal of Nursing* and the *Trained Nurse and Hospital Review*. It is one of a series which is telling the story of Ivory Soap's gentleness to the readers of these magazines.



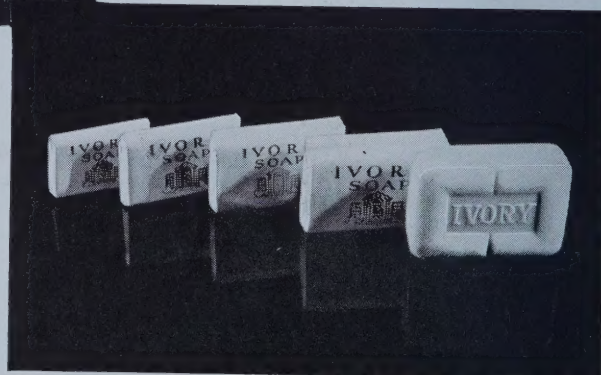
"Kind to everything it touches"

Kind—how aptly that describes Ivory Soap's gentle cleansing action. And what an important quality kindness is in a soap for hospital use.

Ivory's rich, creamy lather is bland and soothing. It is safe for even a baby's tender skin.

Fortunately, Ivory is modestly priced. With all its recognized quality Ivory costs little if any more than soaps which fall far short of its high standard of excellence.

Try Ivory and you will agree that it merits a permanent place in your institution.



Miniature Ivory

The convenient individual service sizes of Ivory Soap are welcomed alike by patients and hospital personnel. There are five miniature size cakes from which to choose—one-half ounce to three ounces.

Hospital superintendents will find some helpful ideas on soaps in a booklet entitled: "What are your soap requirements?" Send for a free copy.

PROCTER & GAMBLE, Cincinnati, Ohio

Timely Literature

on OXYGEN THERAPY

COPIES from the second large printing of the new book "Recent Trends in Oxygen Therapy" now are available for physicians, hospital superintendents and others interested in the technical and practical aspects of oxygen therapy.

"Recent Trends in Oxygen Therapy" includes descriptions of some of the work done at leading hospitals in the words of physicians whose clinical investigations have made modern oxygen therapy possible. It also contains illustrations of oxygen rooms, tents and other equipment as well as a timely bibliography of the works of distinguished researchers in this field.

Through the courtesy of the authors and publishers, the following papers in reprint form also are available. Each paper represents a very real contribution to the best and most recent literature on oxygen therapy.

"Recent Trends in Oxygen Therapy" as well as any or all of these papers will be sent without cost or obligation to you. Each will be a valuable addition to your reference literature. Send for your copies today.

1. Widening Scope of Oxygen Therapy in Treatment of Disease. *Anes. and Anal.* II:71-77 (March) 1932
2. When is Oxygen Therapy Indicated and How is it Best Given? *Mod. Hosp.* 38:105-118 (February) 1932
3. The Widening Field of Oxygen Therapy. *Jr. A. H. A.* (October 1) 1931
4. Designing and Building an Oxygen Therapy Unit. *Mod. Hosp.* 37:81-84 (December) 1931
5. Effects of Treatment With Oxygen in Cardiac Failure. *Arch. Inst. Med.* 48:325-347 (August) 1931
6. The therapeutic Use of Oxygen in Heart Disease. *Annals of Internal Medicine*, Vol. 5, No. 4: 428-440 (October) 1931

Linde Oxygen U. S. P. is guaranteed to be 99.5 per cent. pure and conforms to the requirements of the United States Pharmacopoeia. Linde Oxygen U. S. P. is available from any of the conveniently located 68 Linde producing plants and 168 warehouses. It is supplied in cylinders of 220- and 110-cu. ft. capacity (equivalent to 1650- and 825-gal., respectively).

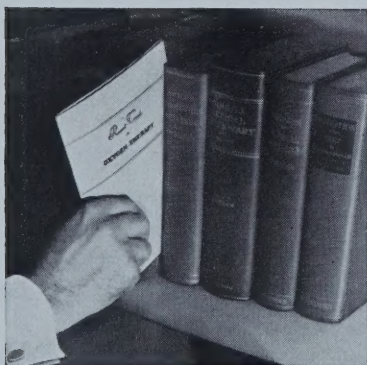
THE LINDE AIR PRODUCTS COMPANY

The World's Largest Producer of Oxygen

Unit of Union Carbide  and Carbon Corporation

NEW YORK

IN CANADA, DOMINION OXYGEN COMPANY, LTD., TORONTO



THE LINDE AIR PRODUCTS COMPANY
205 East 42nd Street, New York, N. Y.

HM-6-32

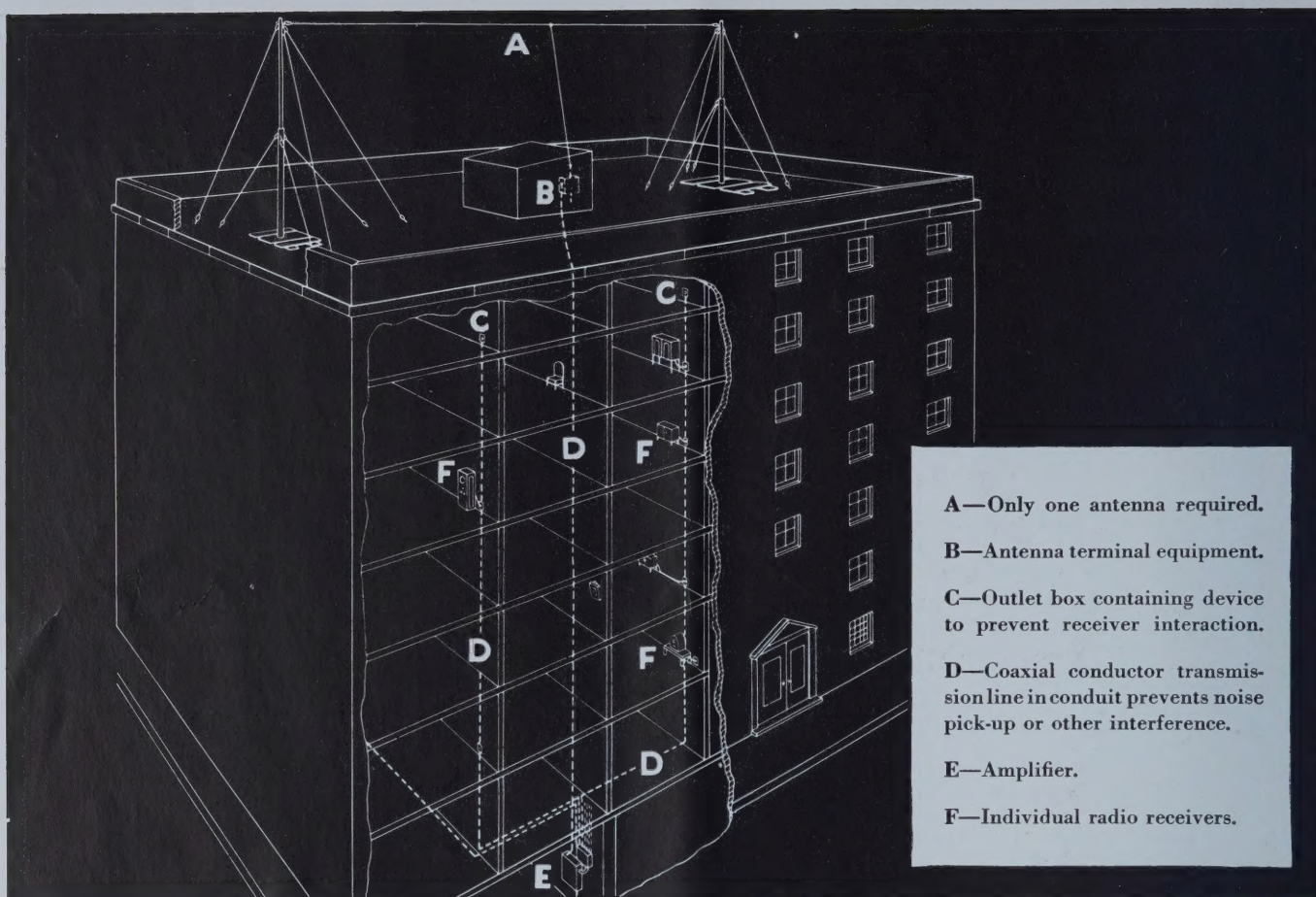
Without obligation, please send me the literature checked:

☐ Recent Trends in Oxygen Therapy

Reprints Numbered: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Name _____ City _____

Address _____ State _____



- A—Only one antenna required.
- B—Antenna terminal equipment.
- C—Outlet box containing device to prevent receiver interaction.
- D—Coaxial conductor transmission line in conduit prevents noise pick-up or other interference.
- E—Amplifier.
- F—Individual radio receivers.

A typical installation of the Western Electric Radio Frequency Distribution System in a building with many rooms.

Western Electric's answer to the need for: Better multi-radio* reception

**... as many as 3,000 individual radio receivers of any standard make may be used*

Hospital boards of directors and superintendents faced with the problem of furnishing antenna facilities for many radio receivers, will find the answer in Western Electric's No. 3A Radio Frequency Distribution System.

Fundamentally, the function of this system is to form a connecting link between a single antenna and a number of radio receivers by means of which radio signals

collected by the antenna are conducted to each receiver without signal loss and without interference from local sources.

The system consists essentially of a coaxial conductor transmission line, which replaces the usual lead-in, and special equipment for connecting that transmission line to the antenna and to the radio receivers served.

As many as 3,000 radio receivers may be served by this system which permits entire freedom in receiver operation and gives better radio reception. Small outlets conveniently located provide facilities for connecting each radio. New or old buildings may be equipped. Send the coupon today for full information.

Western Electric
RADIO FREQUENCY
DISTRIBUTION SYSTEMS
Distributed by GRAYBAR Electric Company

GRAYBAR ELECTRIC CO., Graybar Building, New York, N. Y.		J.M.-6-32	
Gentlemen: Please send me complete information and bulletin on Western Electric Radio Frequency Distribution Systems.			
NAME.....			
ADDRESS.....			
CITY.....		STATE.....	

HOSPITAL MANAGEMENT

A PRACTICAL JOURNAL OF ADMINISTRATION

CONTENTS FOR JUNE

LITTLE THINGS SOMETIMES SPELL BIG LOSSES IN COLLECTIONS.....	19
<i>John E. Lander</i>	
EARLY REPORTS TELL OF NATIONAL HOSPITAL DAY SUCCESS.....	23
<i>C. J. Cummings</i>	
CARE OF MECHANICAL EQUIPMENT SAVES TROUBLE.....	24
<i>N. D. Adams</i>	
FIELD SUFFERS LOSS IN DEATH OF MR. BEHRENS.....	25
HOW SOME HOSPITAL GROUPS REDUCE AUTO ACCIDENT LOSSES.....	26
<i>Matthew O. Foley</i>	
MORE NEWSPAPER ARTICLES FOR YOUR LOCAL PRESS.....	30
"LET'S ACT ON KNOWN FACTS," KEYNOTE OF A. H. A. MEETING.....	31
MILLER HOSPITAL RESIDENCE HOUSES 133 NURSES.....	32
<i>Peter D. Ward, M. D., and Clarence H. Johnston</i>	
WHAT SHOULD ANNUAL REPORT CONTAIN?.....	35
MICHAEL REESE HOSPITAL MINIMIZES LINEN HOARDING.....	36
<i>Emily Gould and O. N. Auer</i>	
GILMORE FOUNDATION ESTABLISHED.....	38
WHAT TO TELL THE COMMUNITY ABOUT ITS HOSPITAL.....	42
<i>S. Chester Fazio</i>	
OAK PARK HOSPITAL AND SUPERINTENDENT OBSERVE JUBILEES.....	44
"NOW IS THE TIME TO DO SOMETHING ABOUT TRAINING EXECUTIVES".....	45
<i>Alford R. Hazzard</i>	
LOOKING BACK OVER 25 YEARS IN THE FIELD.....	48
<i>George W. Wilson</i>	
MIDWEST ASSOCIATION STRESSES IMPORTANCE OF SURVEY.....	52
HOW THEORY AND FACTS ABOUT FLAT RATES WORKED OUT.....	54
<i>George D. Burris</i>	
"YOU CAN'T RUN A DIETARY DEPARTMENT ENTIRELY ON REPORTS".....	58
<i>W. M. Meyer</i>	
WHO SHOULD BE MANAGER OF THE DIETARY DEPARTMENT?.....	60
<i>Reeva Hinyan</i>	
PROBLEMS OF THE OUT-PATIENT DIETITIAN.....	64
<i>Zelia L. Kester</i>	
WHAT DOCTORS AND RESEARCH WORKERS KNOW ABOUT TOMATO JUICE.....	66
<i>Dr. Walter H. Eddy</i>	
DIETITIANS' IDEAS ON ORGANIZATION.....	72
50-BED HOSPITAL SAYS GRADUATE SERVICE IS BETTER.....	74
<i>A. F. Branton, M. D.</i>	
DEPAUL UNIVERSITY NURSING ALUMNI ORGANIZE.....	74
NEW LABORATORY INCREASES DOCTORS' INTEREST.....	78
<i>DeLora Rodeen, R. N.</i>	
RECORD LIBRARIAN'S LIFE ONE PROBLEM AFTER ANOTHER.....	80
<i>Sarah S. Matthews</i>	
PRIVATE ROOM AND WARD LINEN REQUIREMENTS.....	84

EVERY-MONTH FEATURES

AD-VENTURING	10	THE HOSPITAL ROUND TABLE.....	47
THE EDITORIAL BOARD SAYS.....	12	FOODS AND FOOD SERVICE.....	58
LETTERS TO THE EDITOR.....	17	NURSING SERVICE	72
EDITORIALS	40	X-RAY, LABORATORIES	78
COMMUNITY RELATIONS.....	42	THE RECORD DEPARTMENT	80
"HOW'S BUSINESS?".....	39	THE HOSPITAL LAUNDRY.....	84
WHO'S WHO IN HOSPITALS.....	29	PRACTICAL INFORMATION ON EQUIP-	
THE HOSPITAL CALENDAR.....	82	MENT	16
10, 15 YEARS AGO THIS MONTH....	56		

BUYERS' GUIDE PAGE 4; INDEX OF ADVERTISERS PAGE 6



JUNE 15, 1932

VOLUME XXXIII, NUMBER 6

HOSPITAL MANAGEMENT, published on the fifteenth of each month at 537 South Dearborn Street, Chicago, by the CRAIN PUBLISHING COMPANY. Member Audit Bureau of Circulations, Member Associated Business Papers, Inc. Subscription \$2 a year. Single copies, 20 cents. Entered as second class matter May 14, 1917, at the post office, Chicago, Ill., under the act of March 3, 1879.

BUYER'S GUIDE TO HOSPITAL EQUIPMENT AND SUPPLIES

ABSORBENT CELLULOSE

Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

ABSORBENT COTTON

Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.

ADHESIVE

American Hospital Supply Corp.
Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.

ALCOHOL

Rossville Commercial Alcohol Co.

ALUMINUM WARE

Aluminum Cooking Utensil Co.
Swartzbaugh Mfg. Co.

ANAESTHESIA GASES

Puritan Compressed Gas Corp.
S. S. White Dental Mfg. Co.

ANAESTHETIZING APPARATUS

C. M. Sorensen Co., Inc.
S. S. White Dental Mfg. Co.

ANTISEPTICS

Lehn & Fink, Inc.

ASPIRATING OUTFITS

C. M. Sorensen Co., Inc.

BABY IDENTIFICATION

J. A. Deknatel & Son
Johnson & Johnson
Physicians' Record Co.

BABY SOAP

Colgate-Palmolive-Peet Co.
Johnson & Johnson

BANDAGES

American Hospital Supply Corp.
Bay Co.
Becton, Dickinson & Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

BEDS

American Hospital Supply Corp.
Will Ross, Inc.

BEDDING

Karr Co.
Marvin-Neitzel Corp.
Master Bedding Makers of America
Rome Co., Inc.

BED PANS AND URINALS

Am. Hosp. Supply Corp.
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

BED PAN RACKS

Wilmot Castle Co.

BEVERAGES

John Sexton & Co.

BLACKBOARDS

N. Y. Silicate Book Slate Co.

BLANKETS

Cannon Mills, Inc.
Marvin-Neitzel Corp.
Will Ross, Inc.

BOOKS

Hospital Management

BRUSHES

John Sexton & Co.

CANNED FOODS

Libby, McNeill & Libby.
John Sexton & Co.

CASE RECORDS

Hospital Standard Publishing Co.
Physicians' Record Co.

CATGUT

American Hospital Supply Corp.
Davis & Geck, Inc.
Johnson & Johnson
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

CELLUCOTTON

Lewis Mfg. Co.

CENTRIFUGES

Central Scientific Co.

CHEMICALS

Central Scientific Co.
Davis & Geck

CHINA, COOKING

Hall China Co.
D. E. McNicol Pottery Co.
Onondaga Pottery Co.

CHINA, TABLE

Hall China Co.
D. E. McNicol Pottery Co.
Onondaga Pottery Co.

CLEANING SUPPLIES

Colgate-Palmolive-Peet Co.
J. B. Ford Co.
Lehn & Fink, Inc.
Procter & Gamble Co.
John Sexton & Co.

COCOA

S. Gumpert & Co.
John Sexton & Co.

COFFEE

John Sexton & Co.
Continental Coffee Co.

CONDENSED MILK

John Sexton & Co.

COTTON

Am. Hosp. Supply Corp.
Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

CREPE BANDAGES

Becton, Dickinson & Co.
Johnson & Johnson

CUBICLE EQUIPMENT

H. L. Judd Co., Inc.

DENTAL EQUIPMENT

Johnson & Johnson
S. S. White Dental Mfg. Co.

DIAPERS (PAPER)

Griswoldville Mfg. Co.

DISINFECTANTS

Johnson & Johnson
Lehn & Fink, Inc.
John Sexton & Co.

DISINFECTING EQUIPMENT

American Sterilizer Co.
Wilmot Castle Co.

DISHWASHING CLEANERS

J. B. Ford Co.

DISH WASHING MACHINES

Colt's Pat. Fire Arms Mfg. Co.
Fearless Dishwasher Co., Inc.

DRESSING MATERIALS

Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

DRINKS

John Sexton & Co.

DRUGS

Hoffmann La Roche, Inc.

ELECTRO THERAPEUTIC

APPARATUS
General Electric X-Ray Corp.
Carl Zeiss, Inc.

FISH

John Sexton & Co.

FLOOR COVERINGS

Congoleum-Nairn, Inc.

FLOOR WAX

John Sexton & Co.

FLOORING

Congoleum-Nairn, Inc.

FOOD CONVEYORS

Market Forge Co.
Swartzbaugh Mfg. Co.

FOODS

Gen. Foods Sales Co.
S. Gumpert & Co.
H. T. Heinz Co.
Jell-O Co., Inc.
Libby, McNeill & Libby
John Sexton & Co.

FORMS

Hospital Standard Publishing Co.
Physicians' Record Co.

FURNITURE

American Hospital Supply Corp.
Doehler Furn. Co., Inc.
Will Ross, Inc.
Stanley Supply Co.

GARMENTS

American Hospital Supply Corp.
H. A. Dix & Sons Corp.
Marvin-Neitzel Corp.
Will Ross, Inc.
SnoWhite Garment Mfg. Co.
Women's Uniforms, Inc.

GAUZE

Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.

GELATINE

S. Gumpert & Co.
Jell-O Co., Inc.
John Sexton & Co.

GERMICIDES

Bard-Parker Co., Inc.

GOWNS, PATIENTS'

Marvin-Neitzel Corp.
Will Ross, Inc.

HEATING EQUIPMENT

Johnson Service Co.

HOSPITAL BULLETINS

Hospital News.
Physicians' Record Co.

HOSPITAL FURNITURE

Doehler Furniture Co., Inc.
H. D. Dougherty & Co.

HOSPITAL PADS

Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

HOSPITAL POSTERS

Hospital Management

HOSPITAL SUPPLIES

Am. Hosp. Supply Corp.
Bay Co.
H. D. Dougherty & Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.
Max Woche & Son Co.

HOT WATER BOTTLES

American Hosp. Supply Corp.
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

HUMIDITY CONTROL

Johnson Service Co.

HYDRO-THERAPEUTIC

APPARATUS
Powers Regulator Co.

HYPODERMIC NEEDLES

American Hosp. Supply Corp.
Becton, Dickinson & Co.
Meinecke & Co.
Stanley Supply Co.

ICE BAGS

American Hosp. Supply Corp.
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

IDENTIFICATION NECKLACES

J. A. Deknatel & Son

INCUBATORS

J. A. Deknatel & Son, Inc.

INSECTICIDES

John Sexton & Co.

INTERCOMMUNICATING SYSTEMS

Western Electric Co.

JANITORS' SUPPLIES

J. B. Ford Co.
John Sexton & Co.

JOURNALS

Hospital Management

KITCHEN EQUIPMENT

Colt's Pat. Fire Arms Mfg. Co.
Edison General Elec. Appliance Co.
Fearless Dishwasher Co., Inc.
Bernard Gloekler Co.
Hall China Co.
Market Forge Co.
Standard Gas Equipment Corp.
Swartzbaugh Mfg. Co.
Waters-Genter Co.

LABORATORY EQUIPMENT

Central Scientific Co.
Spencer Lens Co.
Carl Zeiss, Inc.

LACQUERS and ENAMELS

Zapon Co.

LAUNDRY SUPPLIES

J. B. Ford Co.
Lehn & Fink, Inc.
Procter & Gamble Co.
John Sexton & Co.

LAXATIVES

Health Products Corp.
Hoffmann-La Roche, Inc.

LINENS

Cannon Mills, Inc.
Utica Steam & Mohawk Valley Cotton Mills

LINOLEUM

Congoleum-Nairn, Inc.

MATTRESSES

H. D. Dougherty & Co.
Karr Co.
Master Bedding Makers of America.
Rome Co., Inc.

MEMORIAL TABLETS

Puritan Compressed Gas Corp.

MICROSCOPES

Central Scientific Co.
Spencer Lens Co.

MONEL METAL

International Nickel Co.

MORTUARY REFRIGERATORS

Market Forge Co.

MUSIC REPRODUCTION

Western Electric Co.

NAPKINS (PAPER)

Aatell & Jones, Inc.
Will Ross, Inc.
John Sexton & Co.

NICKEL WARE

International Nickel Co.

NURSES' GARMENTS

H. A. Dix & Sons Corp.
Marvin-Neitzel Corp.
Will Ross, Inc.
SnoWhite Garment Mfg. Co.
Women's Uniforms, Inc.

OPERATING ROOM LIGHTS

American Hospital Supply Corp.
Max Woche & Son Co.
Carl Zeiss, Inc.

OXYGEN

Linde Air Products Co.

OXYGEN THERAPY EQUIPMENT

American Hospital Supply Corp.
Puritan Compressed Gas Corp.

PAPER GOODS

Aatell & Jones, Inc.
American Hospital Supply Corp.
Meinecke & Co.
Milwaukee Lace Paper Co.
Will Ross, Inc.
John Sexton & Co.

PAPER NAPKINS

Aatell & Jones, Inc.
Milwaukee Lace Paper Co.
John Sexton & Co.

PATIENTS' RECORDS

Hospital Standard Pub. Co.
Physicians' Record Co.

PHARMACEUTICALS

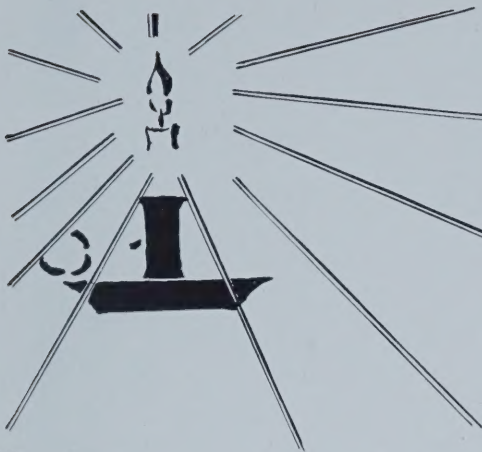
Health Products Corp.
Hoffmann-La Roche, Inc.

PHYSIOTHERAPEUTIC APPARATUS

Gen. Elec. X-Ray Corp.
Carl Zeiss, Inc.

PLUMBING FIXTURES

Powers Regulator Co.



Surgical operations by candle light and your drug policy o o o

● In the drive for economy hospital executives would be horrified at the thought of depriving surgeons of the advantages modern lighting units afford, even if it could be shown that a saving might be effected by reverting to oil or candle illumination in the operating-room.

● Yet some of the drugs in the U.S.P. X and N.F. date back to earlier times than the periods of which such primitive lighting devices are vestiges, and their usefulness compared with more modern drugs is, to say the least, highly questionable. It is also true that many of the widely used U.S.P. drugs were at one time protected by patent rights; in other words, originated as specialties. The normal period of patent protection is seventeen years. Hence, as far as many of the new scientific agents are concerned the Pharmacopoeia must, by legal necessity, be seventeen years behind the times.

● Modern materia medica has gained much in the last few years in the matter of new scientific therapeutic agents evolved in research laboratories. Any iron-clad rule of economy which deprives physicians of the right to prescribe such remedies for their hospital patients is therefore distinctly a backward step. Any hospital formulary which includes no provisions for the products of latest research constitutes an antiquated guide-book. Furthermore, the education of interns whose success in medical practice depends so vitally upon an intimate knowledge of modern medical science, is certainly endangered by limiting your medication to U.S.P. and N.F. remedies only.

● The cheapest drug is not the most economical unless the result obtained measures up exactly with that of the more expensive one. Today, as always, the best invariably proves least expensive in the end. Hospital executives who have been misled into thinking only in terms of cost per ounce or per thousand tablets, must sooner or later realize that quality in drugs is far more important than expense; furthermore, that the term "expense" when applied to drugs is an absolutely relative one which hinges entirely upon results.

Don't stint your pharmacy department. See that it stocks the best in medicines—and that does not apply only to Roche products.

Allonal, Digalen, Pantopon, and other Roche Medicines are well within the means of even curtailed budgets when bought direct from our Hospital Sales Department. Send for the Roche direct-to-hospital price list.

HOFFMANN-LA ROCHE, INC.

Nutley



New Jersey

Makers of Medicines of Rare Quality

Makers of Medicines of Rare Quality

INDEX TO ADVERTISERS

AMERICAN HOSPITAL SUPPLY CORP.....	75	LEHN & FINK, INC.....	9
AMERICAN STERILIZER CO.....	Insert, p. 17	LEWIS MFG. CO.....	Fourth Cover
BECTON-DICKINSON & CO.....	73	LIBBY, MCNEILL & LIBBY.....	69
BOOK-CADILLAC HOTEL	86	LINDE AIR PRODUCTS CO.....	1
CANNON MILLS, INC.....	57	MCNICOL, D. E., POTTERY CO.....	71
CENTRAL SCIENTIFIC CO.....	77	MEINECKE & CO.....	18
CLASSIFIED ADVERTISEMENTS	87	MILLER RUBBER PRODUCTS CO.....	8
COLGATE-PALMOLIVE-PEET CO.	77	MONASH-YOUNKER CO.	84
CONGOLEUM-NAIRN, INC.....	51	N. Y. SILICATE BOOK SLATE CO.....	84
CONTINENTAL COFFEE CO., INC.....	71	ONONDAGA POTTERY CO.....	67
DAVIS & GECK.....	7	POWERS REGULATOR CO.....	73
DEKNATEL, J. A., & SONS CO.....	77	PROCTER & GAMBLE.....	Second Cover
FORD CO., J. B.	13	PURITAN COMPRESSED GAS CORP.....	73
GENERAL ELEC. X-RAY CORP.....	79	ROSS, WILL, INC.....	75
HEALTH PRODUCTS CORP.....	14	ROSSVILLE COMMERCIAL ALCOHOL CO.....	53
HEINZ, H. J., CO.....	65	SEXTON, JOHN, & CO.....	Insert, p. 16
HOFFMANN-LA ROCHE, INC.....	5	SNOWHITE GARMENT MFG. CO.....	7
HOSPITAL STANDARD PUB. CO.....	81	SOLAR-STURGES MFG. CO.....	81
INTERNATIONAL NICKEL CO., INC.....	11	SORENSEN, C. M., CO., INC.....	83
JOHNSON & JOHNSON.....	Third Cover	STANDARD GAS EQUIPMENT CORP.....	63
JOHNSON SERVICE CO.....	15	STANLEY SUPPLY CO.....	83
JUDD, H. L., CO.....	55	SWARTZBAUGH MFG. CO.....	59
KAUFMANN, HENRY L., & CO.....	75	UTICA AND MOHAWK COTTON MILLS, INC.....	84
KELVINATOR CORP.	61	WESTERN ELECTRIC CO.....	2

BUYER'S GUIDE TO HOSPITAL EQUIPMENT AND SUPPLIES — Cont'd

PROJECTING MACHINES Spencer Lens Co. Carl Zeiss, Inc.	SELF-CLOSING RECEPTACLES Solar-Sturges Mfg. Co.	SUCTION, ETHER APPARATUS C. M. Sorensen Co., Inc.	THERMOSTATS Johnson Service Co.
RADIO EQUIPMENT Samson Electric Co. Western Electric Co.	SERVICE WAGONS Swartzbaugh Mfg. Co.	SURGICAL BINDERS Marvin-Neitzel Corp.	TILE, FLOOR Congoleum-Nairn, Inc.
RANGES, KITCHEN Edison G. E. Appliance Co. Standard Gas Equipment Corp.	SHEETS AND PILLOW CASES Cannon Mills, Inc. Johnson & Johnson Utica Steam & Mohawk Valley Cotton Mills	SURGICAL DRESSINGS American Hospital Supply Corp. Bay Co. Griswoldville Mfg. Co. Johnson & Johnson Lewis Mfg. Co.	TOASTERS, AUTOMATIC Waters-Genter Co.
RECEPTACLES Solar-Sturges Mfg. Co.	SHOWER REGULATORS Powers Regulator Co.	SURGICAL INSTRUMENTS Bard-Parker Co., Inc. Meinecke & Co. Carl Zeiss, Inc.	TOWELS Cannon Mills, Inc.
RECORD SYSTEMS Hospital Standard Pub. Co. Physicians' Record Co.	SHROUD COVERS Aatell & Jones, Inc.	SUTURES Am. Hosp. Supply Co. Davis & Geck, Inc. J. A. Deknatel & Son, Inc. Johnson & Johnson Lewis Mfg. Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.	TRAY CARRIERS Swartzbaugh Mfg. Co.
REFRIGERATION, ELECTRIC Kelvinator Corp.	SIGNAL AND CALL SYSTEMS Holtzer-Cabot Elec. Co. Western Electric Co.	SYRINGES Am. Hospital Supply Corp. Becton, Dickinson & Co. Meinecke & Co.	TRAY COVERS Aatell & Jones, Inc. Milwaukee Lace Paper Co.
REGULATORS, VALVE Linde Air Products Co.	SOAPS Colgate-Palmolive-Peet Co. Johnson & Johnson Procter & Gamble Co. John Sexton & Co.	TEA Continental Coffee Co.	UNIFORMS Marvin-Neitzel Co. Henry A. Dix & Sons Corp. SnoWhite Garment Mfg. Co. Will Ross, Inc. Women's Uniforms, Inc.
ROLLING WINDOW SCREENS Rolscreen Co.	SOAP DISPENSERS Aatell & Jones, Inc. Colgate-Palmolive-Peet Co. Procter & Gamble Co.	TELEPHONE SYSTEMS Western Electric Co.	WALL COVERING Congoleum-Nairn, Inc.
RUBBER GOODS Am. Hospital Supply Corp. Central Scientific Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.	SODA, LAUNDRY J. B. Ford Co. John Sexton & Co.	TEMPERATURE REGULATION Johnson Service Co. Powers Regulator Co.	WARDROBES Stanley Supply Co.
RUBBER SHEETING Johnson & Johnson Henry L. Kaufmann & Co. Lewis Mfg. Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.	SPUTUM CUPS Aatell & Jones, Inc. Johnson & Johnson Meinecke & Co. Will Ross, Inc.	THERMOMETERS Am. Hosp. Supply Co., Inc. Becton, Dickinson & Co. Central Scientific Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.	WASTE RECEPTACLES Solar-Sturges Mfg. Co.
SANITARY NAPKINS Griswoldville Mfg. Co. Johnson & Johnson Lewis Mfg. Co.	STEAM TABLE INSETS, CHINA Hall China Co.	WATER STILL American Sterilizer Co. Central Scientific Co.	WATERPROOF SHEETING Am. Hosp. Supply Co. Johnson & Johnson Lewis Mfg. Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.
SANITARY PAPER PRODUCTS Aatell & Jones, Inc.	STEAM TRAPS Monash-Younger Co. Powers Regulator Co.	X-RAY APPARATUS Gen. Elec. X-Ray Corp. Meinecke & Co. Stanley Supply Co.	X-RAY FILMS, SUPPLIES General Electric X-Ray Corp.
SCIENTIFIC APPARATUS Spencer Lens Co.	STERILIZER CONTROLS American Sterilizer Co. A. W. Diack Powers Regulator Co.		
SCREENS, WINDOW Rolscreen Co.	STERILIZERS American Sterilizer Co. Central Scientific Co. Wilmot Castle Co.		

A Most Efficient Germicide for Sterilizing Suture Tubes

DISSOLVE one Kalmerid Germicidal Tablet in one liter of 70% alcohol. The tubes sink in this solution and remain submerged. Tablets contain 0.5 gram (7½ grains) potassium-mercuric-iodide. Literature sent upon request.

Bottle of 100 tablets...\$3.00
Less 25% on 10-bottle lots



DAVIS & GECK, INC. ▽ 217 DUFFIELD STREET ▽ BROOKLYN, N.Y.

SnoWhite Values Set New Standards

Preferred by student nurses for their tailored smartness, fine materials, lasting good looks and comfort . . . SnoWhite Training School Uniforms at 1932 prices offer greater value than ever before. In spite of the flood of bargain merchandise, SnoWhite quality is still the best economy on a cost-per-year basis. In fact, it sets a new standard of value at today's lower prices.

Mail the Coupon for Details

SnoWhite Garment Mfg. Co.

946-948 N. 27th St.

Milwaukee, Wis.

SNOWWHITE
TAILORED UNIFORMS

SnoWhite Garment Mfg. Co.,
946-948 N. 27th St., Milwaukee, Wis.
We are interested in SnoWhite Values for 1932. Send us your style booklet.

Name
Address
City State.....
Hospital

Now you can afford them

NEW PRICES

IN GROSS LOTS, \$3.60

IN DOZEN LOTS, \$4.00



*Identified by
the BLUE BAND*

NOW you can protect the safety of your surgeons and their patients with the finest glove the world has ever known.

These Miller Anode surgeon's gloves are an ultimate economy.

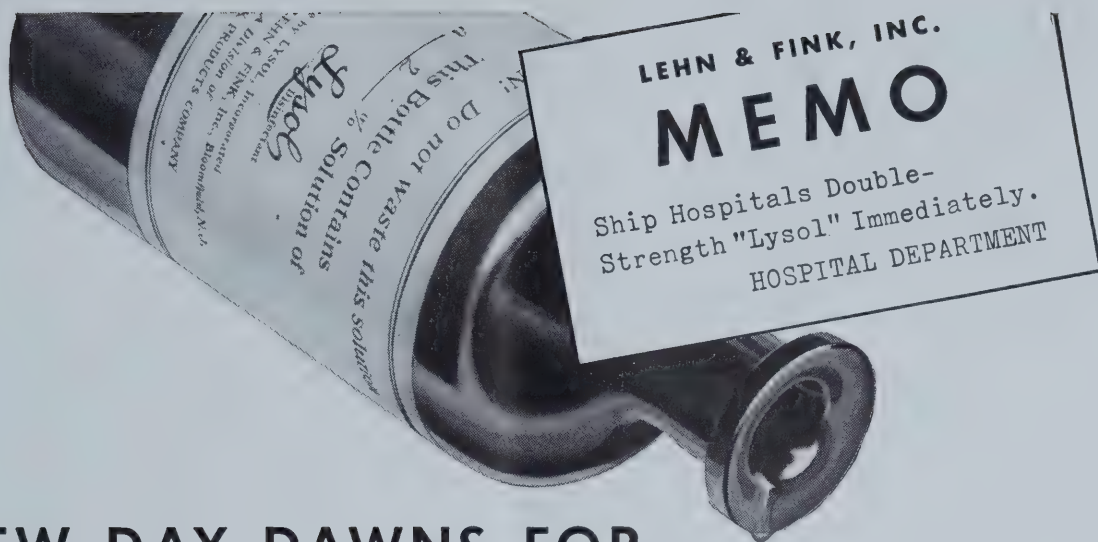
Supersensitivity. Constricted wrists. Perfect fit. 1,000 lbs. stronger. Sterilized repeatedly, or stored for years, these gloves are still stronger than ordinary rubber gloves when new.

At the new price, these long-lived gloves help cut operating room expense. Miller Rubber Products Co. (Inc.), Akron, Ohio.



MILLER ANODE GLOVES

OTHER MILLER HOSPITAL PRODUCTS—Anode Tonsillectomy Bags • Ice Caps • Invalid Cushions • Water Bottles • Fountain Syringes • Anode Penrose Drains • Catheters • Colon, Rectal and Stomach Tubes • Rubber Tubing •



A NEW DAY DAWNS FOR MODERN ANTISEPSIS LYSOL NOW

The fight against virulent infectious germs goes on . . . with redoubled vigor!

Modern antiseptic practice is now enriched with a new double-strength "Lysol" . . . A "Lysol" with a phenol coefficient of 5, while ordinary cresylic preparations give one-half or less of this value . . . A "Lysol" that searches out and kills death-dealing germs in half the time . . . A "Lysol" that cuts to an absolute minimum the cost of hospital disinfection.

And here is more great news! . . . This new double-strength "Lysol" is available to hospitals at the same no-profit-price that prevailed on the old "Lysol" . . . \$1.50 a gallon in lots of ten gallons or more.

No longer need reliable disinfection be a hospital problem. No longer need be tolerated those cheap, unsafe, weak substitutes.

Get your order in early . . . Hospitals come first . . . They must be supplied before any commercial announcement is made of this radically new "Lysol" . . . Use the coupon.



**TWICE
AS STRONG**
... in phenol coefficient



**TWICE
AS QUICK**
... in germicidal action



SAME PRICE
\$1.50 PER GALLON
in lots of 10 gallons or more



LEHN & FINK, Inc., Hospital Dept. N-6
Bloomfield, N. J.

Will you kindly ship immediately . . .
gallons of the new double-strength
"Lysol" disinfectant.

Your name and title _____

Your hospital _____

City _____ State _____

© 1932, Lehn & Fink, Inc.

AD-venturing

Superintendents of several hospitals throughout the country who have seen this survey have said many complimentary things about it. Repeatedly, its value has been pointed out. The coupon will bring you a copy with our compliments. Page 61.

* * *

No one material serves more useful purposes in the hospital—more economically than Cellucotton absorbent wadding. The ready-made convenience and low cost of Kotex, Celluwipes, and ready-cut Cellucotton absorbent wadding is undeniably demonstrated by the thousands of hospitals now using these Cellucotton products. Fourth Cover.

* * *

If you've waited for the bargain of bargains before you renewed your present linen supply, your waiting is at an end. Let your jobber show you this super-value and all the other extraordinary buys in the Cannon line—now. Page 57.

* * *

Truly sanitary dishwashing involves not only the complete removal of grease and food particles, but also the complete rinsing away of the cleaning material itself. Invisible films of unrinsed cleaning material retain bacteria and permit their breeding. Page 13.

* * *

Palmolive in your hospital shows patients you are considerate of their beauty needs. In spite of its quality and prestige, Palmolive costs no more than ordinary soaps. Page 77.

* * *

Lee's hospital cotton, the finest quality of hospital roll cotton, can be bought today at prices lower than they have been for 16 years! Not since 1916 have our prices on this splendid product been as low as they are today. Third Cover.

* * *

In the drive for economy hospital executives would be horrified at the thought of depriving surgeons of the advantages modern lighting units afford, even if it could be shown that a saving might be effected by reverting to oil or candle illumination in the operating-room. Page 5.

* * *

Accurate cost records completely explode the mistaken belief that a "homelike" pattern and shape runs higher in breakage cost than clumsy, conventional ware. This is not as surprising as it may seem, for there are demonstrable qualities in Syra-

These pithy paragraphs of practical and pertinent information concerning supplies and equipment are typical of the kind of information manufacturers and sales organizations offer readers of "Hospital Management" in every issue. Experienced hospital executives make it a point to read advertising pages carefully, too, and to keep in touch with new ideas and improvements in equipment and supplies as well as in methods of hospital administration. Every issue contains information as interesting and helpful as the paragraphs on this page, chosen at random from this month's advertisements.

cuse china which "show through" in any cost comparison. Page 67.

* * *

It will be to the advantage of managers of hotels, restaurants, clubs, hospitals and schools to look over their cooking equipment, figure the cost of operation and find out the Vulcan story. Page 63.

* * *

Hospital boards of directors and superintendents faced with the problem of furnishing antenna facilities for many radio receivers, will find the answer in Western Electric's No. 3A radio frequency distribution system. Page 2.

* * *

Modern antiseptic practice is now enriched with a new double-strength "Lysol"—A "Lysol" with a phenol co-efficient of 5, while ordinary cresylic preparations give one-half or less of this value—A "Lysol" that searches out and kills death-dealing germs in half the time—A "Lysol" that cuts to an absolute minimum the cost of hospital disinfection. Page 9.

* * *

The Ideal food conveyor system is the lowest priced meal distribution method a hospital can employ. Low price is the result of low production cost despite the superior design, construction, workmanship and the high quality of materials used in Ideals. Page 59.

* * *

Libby's evaporated milk is milk in its most digestible form—which, in the stomach, makes a soft curd like mother's milk—whose protein is more readily split by the digestive enzymes

than that of either raw or pasteurized milk. Page 69.

* * *

A copy of the Ace manual, illustrating and describing uses and bandaging technic, will be sent free on request. It is supplied in quantities for nurses' training classes. Page 73.

* * *

Now you can protect the safety of your surgeons and their patients with the finest glove the world has ever known. Page 8.

* * *

Hospital superintendents will find some helpful ideas on soaps in a booklet entitled: "What Are Your Soap Requirements?". Send for a free copy. Second Cover.

* * *

Thanks to the courtesy of Grasslands Hospital, Valhalla, N. Y., we are able to give you the actual mileage. Fifteen different nurses at this hospital put on pedometers. Slightly over eight miles per day was the average of the fifteen tests. But several nurses did far longer distances. Page 51.

* * *

SnoWhite training school uniforms at 1932 prices offer greater value than ever before. In spite of the flood of bargain merchandise, SnoWhite quality is still the best economy on a cost-per-year basis. In fact, it sets a new standard of value at today's lower prices. Page 7.

* * *

Copies from the second large printing of the new book, "Recent Trends in Oxygen Therapy," now are available for physicians, hospital superintendents and others interested in the technical and practical aspects of oxygen therapy. Page 1.

* * *

Developed in the research laboratory of the General Electric Company, the radically new principles applied in the Victor electrocardiograph serve to simplify procedure, and have thus greatly increased the use of electrocardiograms in diagnosis. Page 79.

* * *

If you are planning to build a new hospital or remodel an old one, be sure to investigate the advantages of Monel metal. Consult your equipment manufacturer—also write us for illustrated literature. Page 11.

* * *

When installed, the Johnson system assures permanence—in its operation and service. This is because the Johnson system is fundamentally correct—in principle, design, construction and application. Page 15.

*From kitchen to laundry...
in all departments...*



● Above—Cabinets for dressing storage with Monel Metal counter in St. Joseph's Hospital. All supply and storage cabinets in this hospital have Monel Metal counter and work tops. Manufactured and installed by Frank S. Betz Company, Hammond, Indiana.

● Left—View of kitchen and serving counter in St. Joseph's Hospital, showing how Monel Metal has been used to insure the cleanability and lasting attractiveness of working surfaces.

this modern hospital shines with **MONEL METAL**

ST. JOSEPH'S HOSPITAL, Parkersburg, W. Va., affords another notable example of the way modern hospitals are turning to Monel Metal as THE all-around material for food service, laundry and clinical equipment. In common with other leading hospitals, this up-to-date institution has chosen Monel Metal equipment for its major departments to insure perfect sanitation, with lowest cost for upkeep and repairs. ● To the food service department, Monel Metal brings bright attractiveness and ready cleanability. To the laundry, Monel Metal's rust-immunity, corrosion-resistance and glass-like smoothness insure maximum protection for the hospital wash. To the clinical department, this modern Nickel alloy contributes ideal properties for built-in and portable equipment where absolute sanitation and utmost wear-resistance are all-important requirements. ● If you are planning to build a new hospital or remodel an old one, be sure to investigate the advantages of Monel Metal. Consult your equipment manufacturer—also write us for illustrated literature.

THE INTERNATIONAL NICKEL COMPANY, INC., 67 WALL STREET, NEW YORK, N. Y.



● St. Joseph's Hospital, Parkersburg, W. Va. Conducted by Sisters of St. Joseph, Sister M. Dominic, Supt. Architect: Fox, Duthie & Foose, Cleveland, Ohio.

● Monel Metal is a registered trade mark applied to an alloy containing approximately two-thirds nickel and one-third copper. Monel Metal is mined, smelted, refined, rolled and marketed solely by International Nickel.

A HIGH NICKEL ALLOY

MONEL METAL

NICKEL ALLOYS PERFORM BETTER LONGER



Recent Changes in Policies in Conducting a School of Nursing —Reduction in Personnel of Student Body

THE only change in policy of School of Nursing of Milwaukee Hospital is our omission of monthly allowances to student nurses. Formerly we paid after the first six months \$4 for the first year, and \$5 during the second and third years. This is eliminated entirely.

The initial cost for books and uniforms is estimated at \$50 the first semester; the second semester \$40 (\$12 to \$15 for books and \$25 for school uniforms); and the third and fourth semester \$35 (\$10 for books and \$25 for school uniforms). The cost for the full three years, depending upon personal expenditures, we estimated at approximately \$300.

I have not made recently a study of nursing cost, but would be very much interested in a survey and reliable information. It seems to me at present different schools figure so differently that calculations do not mean very much. If a questionnaire could be sent out covering carefully what should be charged against the training of nurses and concise questions for accurate statements, we could arrive at some intelligent cost accounting of our student nurses. I wish such dependable information were available, and shall be glad to cooperate in securing it.—REV. H. L. FRITSCHER.

OUR directress of nurses, Nina A. Smith, thus answers the questions suggested for the editorial board comment in HOSPITAL MANAGEMENT:

"The Robert Packer Hospital School of Nursing has made three changes in its policy regarding nursing during the past year.

"First, formerly two classes of students were admitted yearly, on February 1 and September 1. This plan has been changed so that only one class of students is admitted yearly, namely, in September.

"Second, the age requirement for admission has been more carefully observed in the selection of students during this year than in the past. The age requirement for entrance is nineteen years, and we are adhering more carefully to this detail.

"Third, more careful selection has been made of students to be admitted regarding their educational requirements. While seventy-two credits has been the requirement for some time, selection of students is being made from schools of superior training and from students who have had additional preliminary education.

"In general, the total number of students admitted has been somewhat curtailed, and we are endeavoring to follow the suggestions made by various nursing organizations, that directors of schools of nursing give careful consideration to the overproduction of graduate nurses.

"We have not made a definite cost study for our nursing education recently, although we have been filling out the questionnaires as required by the Grading Committee. Up to this time I think we would be classified as belonging to the group of hospitals giving preference to nursing as done by the student body in preference to that done entirely by general duty nurses."—HOWARD E. BISHOP.

THE majority of hospital administrators, as well as nursing administrators, agree that the hospital should not be charged with the responsibility for the education of the nurse. While the hospital is the exclusive and indispensable laboratory facility for the training of nurses, it need not assume the entire direction and responsibility for nursing education, any more, perhaps, than it does for the education of the physician. A great deal has been said and written concerning nursing

education, especially as regards the economic factors involved. Much credit is due the nursing profession for bringing this important matter to a focus before the hospital and allied professions. The hospital administrator should be just as eager to have the problem studied and solved as the nursing profession. Nursing education should be left to those hospitals which have sufficient patients and adequate facilities for proper education of the nurse, and those institutions not affording proper facilities should be eliminated by some means of accrediting or standardization.

In view of the fact that the economics of nursing is the basis on which the problem will be eventually worked out, every hospital conducting a school of nursing should make a careful cost study of the nursing situation. It will be surprising to find how many of the smaller hospitals can meet their nursing service needs with a graduate staff at no greater cost than through the operation of a school for the primary purpose of providing nursing service for the patient.

We must stabilize our nursing service with more graduates and depend less upon student service. Schools are rapidly being eliminated from smaller hospitals, who find it advisable to discontinue schools for economic reasons, as well as for the realization that they no longer have adequate educational facilities under the changing standards in the nursing field.

Today we are perplexed with the oversupply of graduate nurses. In the not far distant future the pendulum will swing to the opposite extreme—a shortage of nurses, perhaps. Why? The diminishing rate of production together with the increasing demand for graduates to substitute for student nursing service.—ROBERT E. NEFF.

Sanitary Dishwashing At Lower Costs

Truly sanitary dishwashing involves not only the complete removal of grease and food particles, but also the complete rinsing away of the cleaning material itself. Invisible films of unrinsed cleaning material retain bacteria and permit their breeding.

But when Wyandotte Cherokee Cleaner is used for machine dishwashing, dishes are not only clean in appearance, they are also sanitarily clean—free from all foreign material.

And remember the Wyandotte Guarantee — Wyandotte Cherokee Cleaner is definitely guaranteed to give you cleaner dishes at lower costs than you have ever before experienced.

Try Wyandotte today and learn for yourself the difference between ordinary, expensive dishwashing and the economy and satisfaction which results from the use of Wyandotte.



***Order from your Supply Man
or write for detailed
information.***

Wyandotte
Cherokee Cleaner

The J. B. Ford Company

Wyandotte, Michigan

Complete Evacuation in 24 Hours . . .

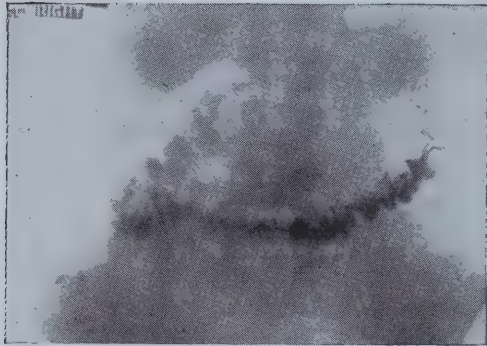


Fig. 1

24 hours after the administration of 1 tablet of Feenamint (containing $1\frac{1}{2}$ gr. yellow phenolphthalein) almost complete evacuation of a barium meal (given 24 hours before the Feenamint) had occurred. (Fig. 1.)

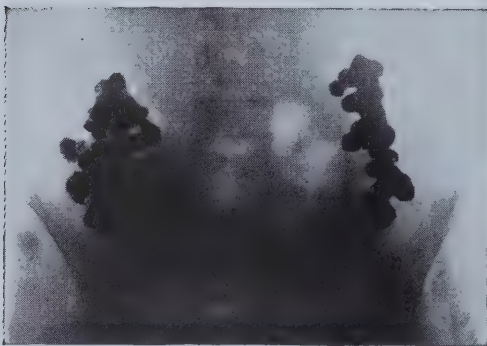


Fig. 2

The same amount of yellow phenolphthalein in tablet form shows only slight partial evacuation in 24 hours. (Fig. 2.) complete evacuation required 48 hours or *double the time required* for Feenamint Action.

These cases are typical—Because the phenolphthalein is “chewed” out of Feenamint it works more rapidly than when the whole dose is swallowed in tablet form.

Shall we send you a sample for trial?

Yes please, sample of Feenamint

D. D. S.

Street

City & State

HEALTH PRODUCTS CORPORATION

Newark

New Jersey

Permanence « « « «

makes the Johnson System the one correct

HEAT AND HUMIDITY CONTROL « « « « «

FIFTH AVENUE HOSPITAL, New York . . York & Sawyer . . Architects. Meyer, Strong & Jones . . Cons. Eng. Johnson Control is here on the direct radiation in main rooms of this hospital building; Johnson Wall Thermostats operating sylphon valves on individual radiators; automatically maintaining an accurately even room temperature throughout the day and night as desired, and in the same manner producing a fuel saving by preventing heat waste, so general with manual attention to radiators. The three fan systems of ventilation in the building are under Johnson Thermostat Control, automatically producing the correct temperature of ventilating air. In addition, Johnson Insertion Thermostats are in the hot water service heaters, automatically controlling the hot water service supply at the uniform degree of temperature demanded. Johnson Service in hospitals applies to every temperature control requirement, providing every practical convenience and advantage, including a valuable hospital maintenance economy as against otherwise excessive high costs.



When installed, the Johnson System assures permanence . . . in its operation and service. This is because the Johnson System is fundamentally correct . . . in principle, design, construction and application. It is also because the Johnson System is installed specifically to each building's requirements . . . and specifically to every form, plan and system of heating and ventilating. And it is finally because this company, established in 1885 and covering the continent with thirty-one branches, assures resources to remain permanently responsible for each Johnson installation made.

JOHNSON SERVICE COMPANY
Main Office and Factory . . Milwaukee, Wis.

Albany	Cincinnati	Greensboro, N. C.	Philadelphia	Seattle
Atlanta	Cleveland	Indianapolis	Pittsburgh	Calgary, Alta.
Baltimore	Dallas	Kansas City	Portland	Montreal, Que.
Boston	Denver	Los Angeles	St. Louis	Winnipeg, Man.
Buffalo	Des Moines	Minneapolis	Salt Lake City	Toronto, Ont.
Chicago	Detroit	New York	San Francisco	Vancouver, B. C.

JOHNSON

HEAT AND HUMIDITY CONTROL

31 Johnson Branches Insure Convenient, Quick Service Anywhere, Any Time. Each Johnson Installation Made By Johnson Mechanics Only. Every Johnson Installation Given Annual Inspection . . . The All-Metal System, The All-Perfect Graduated Control Of Valves And Damper. The Dual Thermostat (Two Temperature) Or (Night And Day) Control, Fuel Saving 25 to 40 per cent.

Modernization Ideas Gain Ground

THAT a number of hospital executives are giving attention to possibilities of modernizing old interiors, re-equipping departments and otherwise making improvements at 1932 prices is indicated by the requests for literature of manufacturers recently received by HOSPITAL MANAGEMENT. These requests included many for products that are needed for modernization. The leaflets, catalogs and pamphlets listed below have been prepared especially for hospital people by reputable manufacturers and distributors and may be had for the asking. Use the numbers in making requests, if you wish, and let HOSPITAL MANAGEMENT obtain the different booklets, etc., for you.

Anaesthetics

No. 344. "Puritan Gas News," a publication of interest to all connected with anesthesia, gases, oxygen therapy, etc. Published by Puritan Compressed Gas Corporation. Contains many helpful hints for the anesthetist and others. 532

No. 290. "Suggested precautions in the use of ether, ethylene and other anesthetics." Puritan Compressed Gas Corp. c30.

No. 321. "A Few Suggestions on the Proper Operation of Gas Cylinder Valves and Pressure Reducing Regulators," an informative booklet dealing with the proper handling of compressed gases. Also, "Meeting Every Test." The Puritan Compressed Gas Corp.

No. 347. "Recent Trends in Oxygen Therapy," a valuable brochure on the subject of oxygen as a therapeutic agent. Well prepared and published by Linde Air Products Company. 532

Cleaning Preparations, Soaps, Etc.

No. 326. "The story of soap," an intensely interesting booklet telling in story and pictures of the making of soap and soap products. Unusually well illustrated. The Procter & Gamble Co.

Beds, Mattresses

No. 345. "The Story of Slumberon, the Mattress Luxurious." An interesting and attractive folder describing the construction of Slumberon mattresses, and explaining its unusual features. The Rome Co., Inc. 532

Cubicle Equipment

No. 337. "Privacy in the Modern Hospital" is the title of a valuable booklet on cubicle screening published by H. L. Judd Co. After outlining the problems involved in securing privacy for ward patients, the booklet works out concrete solutions for many problems. c32

Disinfectants

No. 342. A table showing the amount of Lysol disinfectant and water necessary to make solutions of various strength, together with a description of the correct solutions to use for various purposes in the hospital. Also a dilution chart for use in the laundry. Lehn & Fink, Inc. 532

Flooring

No. 334. "Resilient Floors," an interesting photograph album showing Sealex floors designed and laid in recent years. Also contains a description of the many types of Sealex floors. Congoleum-Nairn, Inc. 232

General Equipment, Furnishings and Supplies

No. 327. Booklet describing professional uniforms for nurses and others, published by Henry A. Dix & Sons Corp. b0

No. 284. "Modern Ideas About Towels." Cannon Mills, Inc. b0

No. 261. "Nurses' Apparel and Hospital Supplies," a 32-page catalog. Marvin-Neitzel Corp.

No. 341. "SnoWhite Tailored Uniforms," and "SnoWhite Tailored Uniforms for Student Nurses," two booklets describing the complete uniform line of Sno-White Garment Manufacturing Company. Each style is well illustrated and completely described. 532

No. 323. "Standard ready dressings and supplies for hospitals," a folder showing the styles, types and sizes of ready made products. Johnson & Johnson.

No. 328. "Curity Ready Made Dressings Manual," an interesting manual showing the complete line of ready made dressings, with descriptions of uses and other informative material. Lewis Mfg. Co. L31.

No. 329. The 1932 catalog of Will Ross, Inc. Attractively printed, well arranged catalog of the complete line of hospital equipment and supplies. L31.

No. 333. Numerous interesting booklets and pamphlets describing the therapeutic effects, the method of manufacture, and medical history behind many "Roche" drug products. Hoffmann-La Roche, Inc. 232

No. 343. "Tally Chart Holders," a folder describing the various features of Tally chart and record-holders and other items in this line. Tally Chart & Bed-card Holder Company. 532

No. 335. "Rolscreen Topics," a monthly house organ containing much useful information on the installation and practical value of Rolscreens. The Rolscreen Company.

No. 336. "Cotton, Gauze and Adhesive Plaster—Their Manufacture and Application in Surgery," an exceptional booklet of 96 pages containing much interesting material on these subjects for hospital executives, staff members, nursing students, etc. Published by Johnson & Johnson. c32

No. 339. "Kalmerid Germicidal Tablets," a pocket-size leaflet describing the composition, efficiency and uses of this new product. Davis & Geck, Inc. 432

No. 340. A complete series of pamphlets, many of which, such as "The Mystery of Sleep," "Why the Cat Unit?" and "When Chemists Turned from Gold to Drugs," are especially useful in teaching materia medica to student nurses. Available in any quantity. Hoffman-La Roche, Inc. 432

Hypodermic Needles and Syringes

No. 314. "How to Obtain Maximum Service from Hypodermic Needles and Syringes," an interesting, pocket size manual on the selection of needles and syringes for each kind of service. Also contains practical information on how to sterilize, clean, and care for these instruments. Becton-Dickinson Company.

No. 332. Bulletin No. 260, describing the Powers thermostatic radiator valve, a self-operating regulator designed for vacuum or vapor steam heating systems. The Powers Regulator Co. 132

Kitchen and Food Service Equipment

No. 331. "Good Coffee," a monthly publication of interest to all quantity users of coffee. Published in newspaper style and containing many hints valuable in the preparation of coffee. Continental Coffee Co., Inc. 132

No. 300. "The Perfect Tray," by Helen E. Gilson, Onandaga Pottery Co. d0

No. 276. Modern Kitchens. A 70-page booklet. International Nickel Company. C30

No. 252. "Scientific Hospital Meal Distribution." Swartzbaugh Mfg. Co., Toledo, O.

Laundry Equipment and Supplies

No. 277. Laundry Owners' Year Book. International Nickel Company, Inc. C30

Sutures and Ligatures

No. 338. "The Bacteriological Control of D. & G. Sutures," an interesting pocket-size folder describing the

(Continued on page 82)



Tempting Eye and Appetite

COLORFUL . . . cool . . . and refreshing . . . there is something about a salad that lures the eye. As most everyone knows, it is the dressing that "makes" the salad. It sums up in itself the different flavor, the tang that whets the appetite. Sexton salad dressings and sandwich spreads are products of the Sexton sunshine kitchens—specially prepared for the institutional market—unexcelled for purity, flavor and all-round quality.

"SEXTON'S MONTHLY SPECIALS" brings regularly to the institutional market information on prices. It is replete with unusual values, special offers, timely suggestions. If you are not regularly receiving it, write for the current copy.

Sexton sunshine kitchens form only part of the large building occupied exclusively by John Sexton & Company. The building covers a city block; contains 400,000 square feet of floor space. Light, air and ventilation in every foot gives ideal storage for foods which are gathered here from the four corners of the earth. The shipping platform accommodates more than forty trucks at a time; direct connection is had by tunnels with principal railroads. By the case or by the carload, with every order you get the full benefit of this facility for service.

Sexton delicious Ice Tea Service packed in sanitary bags making one gallon each

JOHN SEXTON & COMPANY

ESTABLISHED 1883

Manufacturing Wholesale Grocers

CHICAGO

Importers and Roasters of Coffee

Distributing Centers for delivery of Contract Sales of canned foods—prices available now for 1932 Pack

BALTIMORE, MD.
BOSTON, MASS.
BUFFALO, N.Y.

CINCINNATI, OHIO.
CLEVELAND, OHIO.
DENVER, COLO.

DETROIT, MICH.
HOUSTON, TEX.
KANSAS CITY, MO.

MINNEAPOLIS, MINN.
NEW ORLEANS, LA.
NEW YORK, N.Y.

OMAHA, NEBR.
OAKLAND, CALIF.
PHILADELPHIA, PA.

PITTSBURGH, PA.
ST. LOUIS, MO.
SAVANNAH, GA.

IN ALBANY, New York . . .



The picture shows St. Peter's Hospital at the left, the Bishop Cusack Memorial Home for Nurses at the right A covered passageway connects the two buildings

ST. PETER'S HOSPITAL

Capacity 145 Beds

Architects:

Messrs. Robert J. Reiley and
M. L. and H. G. Emery

Superintendent:

Mother Mary Leo

The complete new hospital, opened in 1930, is equipped throughout with American sterilizers . . . a total of 79 individual units . . .

AMERICAN STERILIZER COMPANY

1204 Plum St., ERIE, PENNSYLVANIA

EASTERN SALES OFFICE: 200 Fifth Ave., New York City

CANADIAN AGENTS: Ingram & Bell, Ltd., Toronto, Montreal, Winnipeg, Calgary



A Page of Letters to the Editor

THE CARE OF VETERANS

Editor HOSPITAL MANAGEMENT: I feel that your editorial of May 15th under the heading "A Report of Considerable Importance to Civilian Hospitals" does not accurately interpret the conclusions incorporated in the document which I prepared for the officers of the Julius Rosenwald Fund on "Medical Care of the Veteran."

This report was made at the direct request of a committee of the American Hospital Association, and I discussed the subject matter in detail with Mr. Paul H. Fesler, president of the American Hospital Association, as well as with other representatives of the medical and hospital field.

In stating that the McClintic Bill could not be supported as an economy measure I had in mind the fact that it would tend to increase the number of veterans who would apply for medical care. No comparison was made of the cost of equivalent service in civilian hospitals as against federal hospitals.

The report was intended to reveal some of the important issues involved in the administration and use of civilian hospitals for the care of the veteran. Congress has not yet declared itself on the matter of providing complete medical care for all non-service connected cases. Until Congress decides this matter of public policy it will not, in my opinion, turn to a consideration of the comparative costs of federal and civil hospitals. As a veteran, I would personally prefer to receive medical care in a local institution from local physicians to being attended in a governmental hospital by a staff not personally known to me.

A few copies of my report are available from the offices of the Julius Rosenwald Fund and a number are on file in the library of the American Hospital Association.

C. RUFUS ROREM,
Associate for Medical Services,
Julius Rosenwald Fund, Chicago.

"MAKE \$16,000,000 ON NURSES"

Editor HOSPITAL MANAGEMENT: I want to express my appreciation of the editorial in the last issue of HOSPITAL MANAGEMENT, "Hospitals Make \$16,000,000 a Year on Student Nurses." I had read the statement in a report of a speech at the American Nurses' Association convention at San Antonio. It was so exaggerated and unfair to hospitals that I was thinking of writing along the very line that you have followed in your splendid editorial, for which I wish to express my sincere thanks.

JAMES E. HOLMES,
Director, Methodist Episcopal Hospital,
Brooklyn.

INTERESTED IN COURSE

Editor HOSPITAL MANAGEMENT: I have read with keen interest the material in HOSPITAL MANAGEMENT on "Training Hospital Executives."

I have just recently taken up hospital work, after working in various business enterprises, and am intensely interested in learning more about hospital management. I find hospital work very interesting and

wish to continue in this line of work. Since coming to this hospital I have read much material on hospital work with a hope I would learn where a training course was available. Surely, with the large field represented by hospitals, there is a great need of having available training for those wishing to specialize in that work. In the business field there is offered training of all kinds, so why is it not as important that hospital workers be able to avail themselves of such profitable training?

I am personally in favor of two practical courses, one for a period of, say, six months to a year, the training to be given by skillfully trained hospital executives who have years of experience and are only too willing to pass their knowledge to younger people. Then after having considerable lecture work, the candidate should spend a few months in actual training in one or more A-1 hospitals.

The course formerly given by Dr. Babcock at Grace Hospital, Detroit, for graduated nurses was splendid. I believe something similar can be planned not only for graduate nurses, but those seeking special training in the business management of hospitals as well.

Then, too, we find many busy hospital workers who cannot leave their position for any given length of time and who perhaps would sponsor a course for one month or six weeks, conducted in the same manner, and followed up with a reading or correspondence course.

I sincerely trust that a training course will not be put forward in the future as it has been thus far, for it is worthy of a great deal of immediate thought. Just as soon as a plan is devised I shall be only too anxious to avail myself of such an opportunity at once.

(Mrs.) AMELIA C. MANRY,
Financial Secretary, St. Peter's General
Hospital, New Brunswick, N. J.

WANTS TO TRADE JOBS

Editor, HOSPITAL MANAGEMENT, This is not a "dig" at you, but don't you think it's about time somebody else spoke up in defense of the small hospitals? Evidently hospital administrators think there is no need taking up for them, because every article I have read has nothing but "negative" arguments against small hospitals.

Take your directory and find the number of small hospitals and the larger ones, then see which is outnumbered.

Instead of some writers forming words that would tend to make friends, they use every word they can to leave the word "poison" in each line; naturally the reader is prejudiced.

My opinion is if the large hospital administrator were in a small hospital he or she would find out something about hospitals. Instead of having secretaries, housekeepers, employment managers, etc., the small hospital executive must attend to most of this work. If he wants to know the amount of soap needed to clean a certain number of square feet of corridor or wall space, he gets out a pound or so and tries it himself, while the larger hospital executive can give the word to one of his secretaries then like a fisherman pulling in his catch, finally the information lands

on his desk. Whether there is potash, alkalies, sodium phosphate or volcanic ash in the cleaner he has in his institution, he only knows through what the salesman or some one of his subordinates tell him.

Nursing educators forget that small hospital can produce good nurses; not just nurses, but good ones. Sure, it depends some on number of patients, equipment, supervision, and the head of the nursing school as to how good the nurse will be, plus the intelligence of the nurse as she came into the school as a student.

One thing important is whether the nurse has been a "pupil" or a "student" during her years in the school of nursing. No one can safely say we are able to "make nurses"; the flame, so to speak, must be there when a candidate enters the school.

Many small hospitals will welcome help from some of the people who are writing so much concerning "how to close up" small hospital with their schools of nursing. I'll trade places for a while with a 300-bed hospital administrator and assure you that person will get a good education as to how "we small hospital people" manage a hospital during these days.

We have nothing against the large hospitals. The Golden Rule is not worded that way.

Then, big brother, why not lend a helping hand—some of your strength—to the smaller hospital? If you started an article along the usual lines we have had many days now, just try to find something good to write about us. Do a good turn.

SMALL HOSPITAL SUPERINTENDENT

DISCOUNTS TO DOCTORS

Editor, HOSPITAL MANAGEMENT: What is the customary charges made to a doctor who is a patient, for room, X-ray, and other services?

HANNA SCHMIDT, R. N.,
Boothroy Memorial Hospital,
Goodland, Kan.

RADIO INTERVIEW

Editor, HOSPITAL MANAGEMENT: I am prompted to write to you in commendation of the "Radio Interview" in your last issue. This is so unusually good that I have already written Mr. Trayner about it. In my judgment it is the best publicity I have seen in any hospital journal, and I sincerely trust it may be used more frequently.

CHARLES W. MOOTS, M. D.,
Visitor, American College of Surgeons.

COLLECTING ACCOUNTS

Editor, HOSPITAL MANAGEMENT: The last issue had a most valuable article on collecting accounts. I will try to get each board member to read this. To carry out these ideas one would have to have authority. We have the difficulty, like so many other places, of having doctors or patients' friends tell us that the financial arrangements will be promptly cared for, and then of finding that this will not be done.

The letter Mr. Sheats received reminds me of two notes which were scrawled on unpaid bills. One said, "I aint here; hav moved away," and the other, "He aint here; he's daid."

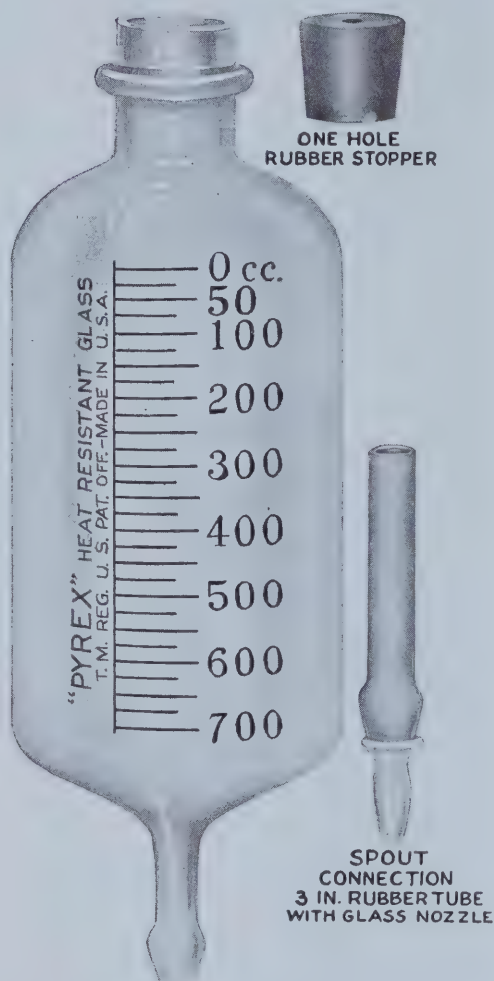
SOUTHERN EXECUTIVE.

PYREX

Resistant Glassware for Hospitals

Can Be Sterilized by Any Heat Method

KELLY INFUSION BOTTLE 700 C.C.



(Illustration Half Actual Size)

Packed Each in a Corrugated Carton including
Stopper and Spout Connection

NOTE REDUCED PRICES

In Lots of 12 Bottles	\$3.20 Each
In Lots of 6 Bottles	3.40 "
In Less than 6 Bottles	3.60 "

(Special Price made on Lots of 24 Bottles)

A Metal Chrome Plated Hanger can also be
supplied at 50 cents extra

GLASS JARS WITH NON-TARNISHING METAL COVERS

Also with Etched Space for Writing
Names of Contents



FOUR
STANDARD
SIZES

PRICES

3 x 3	\$1.50 Each
4 x 4	2.25 "
5 x 5	2.75 "
6 x 6	3.75 "

TWO SPECIAL SIZES

3 x 6 $\frac{3}{4}$



4 x 6



Size 3 x 6 $\frac{3}{4}$ Price \$2.00 Each

For Applicators and Tongue Blades

Size 4 x 6 Price \$2.50 Each

For Storing 36 to 48 Tubes Sutures in
Germicidal Solution

(The Tubes will sink in 70% Alcohol)

The 4 x 6 Size is also suitable for Tongue Blades
and for many other uses

Quantity Discounts on Jars

5% on 6 Jars, or 10% on 24 Jars of a Kind or Assorted

All Prices F. O. B. New York

THE GLASS BOTTLE AND JARS ARE MADE FOR MEINECKE & CO. BY CORNING GLASS WORKS

Hospitals Supplied by **Meinecke & Co.,** 225 Varick St., N. Y.
These Goods can also be obtained through other Hospital Supply Houses

HOSPITAL MANAGEMENT

A Practical Journal of Administration



Little Things Sometimes Spell Big Losses in Unpaid Bills

Constant Vigilance and Ingenuity Needed to Protect Hospital in Some Instances Where Those Able to Pay Try to Avoid Payment; Some Specific Examples of Foresight and Oversight

By JOHN E. LANDER

Financial Secretary, Wesley Hospital, Wichita, Kan.

THIS article deals with the church or community hospital and not with any privately owned hospital operated for profit.

In considering this subject let us remember two things:

First, that the hospital is a benevolent institution and will care for the poor and unfortunate that come to its doors.

Second, that those who are able to pay *are expected to do so*.

In hospitalizing those who today are unable to pay their bills, the hospital faces a real problem, because somebody has to pay for free service. It may be paid for in several ways. Inasmuch as this is really a benevolence, free service should be provided by gifts from those who are interested in the poor and unfortunate.

The churches of the community and surrounding territory, for instance, if they believe in the church hospital and desire its continuance, should accept a fair and reasonable quota, say, from fifty cents to a dollar per member per year, put this amount right into their annual budgets, and pay it monthly as other items are or should be paid.

If this isn't done the hospital will have to arrange for private solicitation from those believing in this branch of Christian service. To obtain funds in this way is exceedingly difficult and it may be that a good many church or community hospitals

may have to be discontinued or refuse some free service cases. It would appear that for a hospital to accept "no pay" cases until the institution is unable to meet its regular monthly bills and faces an accumulating deficit, is foolishness. No community hospital is justified in jeopardizing its very existence by the acceptance of a preponderance of free cases that would cause it to close its doors, unless the people of the community are ready with a tax-supported hospital program that will produce better results for less money. However, the thinking people of any community will move very slowly and cautiously in this direction.

If, therefore, the patrons of a community hospital are to pay for services, if financially able, it is *necessary to know the paying ability of each patient, his relatives, and his friends*. Of course, relatives and friends are liable only as they agree in writing to assume responsibility. How then shall we proceed to discover the actual facts concerning a patron's ability to pay?

If it is known that a hospital has a credit department, there are many times when such department begins to function even before the patient arrives. Any doctor who really appreciates the hospital in which he works will gladly refer prospective patients to the credit department in every case where there is any ques-

tion in his mind about the patron's ability to pay. The doctor owes this courtesy to the patient, to the hospital, and incidentally, to himself, for in all cases, not emergency, it is businesslike, proper, and sensible to make reasonable investigation regarding anyone considered as doubtful pay.

In cases where lack of knowledge or the lack of cooperation of the doctor make such a contact impossible, the question of payment arises at the time the patient is admitted. Where previous information or experience or where answers on the admission blank make a case conclusively good, check it "okay" and save your time and energy for the doubtful pay cases.

The value of a credit department in a hospital has been suggested. A credit department may consist of only one individual; it need not be an elaborate organization nor expensive. In fact, ascertaining the credit of a patient ought to be the second most important duty of the collection department or the person who is supposed to receive the payment from the patient. The most important duty of that department or individual is, of course, getting the money from those able to pay, but to do this it is essential that some idea of the patient's ability to pay be known.

As far as carrying out the collection program when the patient is in the hospital is concerned, too much stress cannot be laid on the prompt

Collection Department "Don'ts"

DON'T ask for an *advance* payment. If you feel that some such thing should be done, call it an "entrance fee" and explain that it will be credited on the account. The word *advance* is charged with gunpowder or something else, that immediately raises a barrier between the payer and the hospital and should be avoided.

DON'T irritate or embarrass the patient or payer by talking "arrangement for payment" at the time of admission.

DON'T break your payment agreement by carelessness or indifference as to time or terms.

If payer is other than the patient, DON'T take statement to the room weekly, unless so agreed at time of admission.

DON'T take a statement into the room if the patient has company.

In talking with payer looking toward an understanding about payment, DON'T appear worried. Let the conversation develop the facts that will make payment possible.

DON'T expect the payer to do the impossible; there are other bills he must take into consideration.

carrying out of the conditions which were laid down or should have been laid down when the patient was admitted. Especially is it important that the bill for the week or other period be tendered at the time the hospital admitting department said it would be tendered. When this is done promptly and in a businesslike way, the patient or his representative gets the idea that the hospital expects to carry out the agreement mentioned and that it also expects payments to be made as agreed.

As stated in the first article, the most important part of the collection program, in the opinion of the writer, is the interview on admission when the hospital obtains the information upon which it bases its credit and collection program. Next in importance in this connection is the prompt submission of bills by the hospital and the vigorous, tactful following up if delays in payments are encountered.

To illustrate the importance of constant vigilance and of ingenuity in gaining information concerning the financial standing of a patient and in protecting the interests of the hospital in other ways, a few "true stories" are related a little later on. It always must be borne in mind, however, that if any of the measures described seem unusual or crude, the hospital knew it was dealing with people who were able to pay and who were doing all they could to avoid payment. In other words, it was a battle of wits and a battle in which an institution which had given service for which pay was promised was confronted by an individual who was determined to avoid payment if at all possible. Such tactics as mentioned would not be used if the hospital knew that the patient was unable to pay. The community

hospital, and especially the church hospital, is glad to render service to the worthy poor, but no hospital ought to be willing to let itself be imposed on by people well able to pay who simply refuse to do this.

Here are the incidents referred to above, with comments:

One handled like this, for instance, is reasonably sure to be a total loss:

A girl, sixteen years of age, had been engaged to work in a home at a small weekly salary, looking after the children and taking care of the house. This girl accompanied the family to an adjoining state on a vacation. Just for fun, she went on a motorcycle ride and was injured in a collision. A doctor was called. The injured girl had to spend several weeks in a cast and it was decided to take her back to her home city to be cared for. Such expense as was incurred, including

doctor, ambulance, railroad fare, etc., was paid by the girl's employer.

She was brought to the local hospital by the wife of the employer, who said, in filling out the admission blank, "My husband will pay this bill."

Being a well-known business man of the city, considered thoroughly reliable, he was listed as "payer," and everything appeared rosy. The matter of payment was not closely followed, but a statement was presented as the account was approaching \$100. The employer refused to pay. On advice of good attorneys, with recovery very doubtful, the case did not get to court. The blunder was made at the time of admission in *failing to procure in writing the employer's promise to pay*. Result, a \$300 unpaid bill; prospects of collection, not very bright.

An old lady was injured, emergency ambulance case. The doctor reported to the credit department that in his judgment there were no funds available for hospital expense. The case from the financial side was not promising, but in the ordinary routine a daughter was located. Through her it was discovered that the mother had some securities in another state. Names and addresses were given the credit department. Letters went out and in some two or three weeks funds were received with which to pay the hospital and also to surprise the doctor with a check for his services.

A husband, about 35 years of age, very ill, an ambulance patient, was brought in. He had a wife and child, some personal property, but no available funds for hospitalization. He was of the class of uneducated people. The patient's father, a man about 62 years of age, owned a farm

Do any of your patients whose status as to pay is doubtful on admission, ever leave the hospital through discharge without several interviews as to when and how the bill is to be paid?

Recently a man past 60 was brought into the hospital, an emergency operative case. No funds seemed available. An interview with the man's wife developed that a brother was paying the doctor and that a married daughter was operating a successful business in another city.

On her first visit to her father, the daughter refused to become responsible for the bill. A week later she was so well pleased with the remarkable progress being made by her father that a satisfactory plan for payment was worked out and the daughter accepted responsibility for payment.

and could arrange for payment but refused to do so. The patient was nursed along in the hope he would get strong enough for a very necessary operation. The father was asked if the patient carried life insurance. He answered, "No." The patient died. The account totaled \$295. The credit department by this time suspected that there *was* some life insurance. A thorough investigation revealed that the patient had \$2,000 life insurance, with the wife listed as beneficiary. In the investigation that had been made, this woman was "passed up," for obvious reasons, but had her signature been procured on the admission blank promising payment, the hospital could have collected from her. Or had the policy been made payable to the man's estate, the hospital would have been secure.

In this day and age, where life insurance is so prevalent, it is wise to have a wife sign the admission blank for payment in all cases, and especially where the husband is seriously ill, even though she declares there is no life insurance. It doesn't cost anything and may prove to be a real protection.

A man, dangerously ill and in declining health, had faced two operations and put up a tremendous fight for life. His accounts totaled about \$450. He had only a wife dependent upon him. He was "nervy" and proud, but the credit manager offered him financial aid if necessary and insisted that he owed it to his wife to see to it that his insurance of some \$5,000 should not lapse. This man and his wife had assigned an insurance policy to the hospital to protect us "as our interest may appear." One day the wife came, saying about \$100 was due for premium payment and they could not meet it. A loan was arranged, the premium paid, and in about five weeks the insured died.

Some time later a man called. He was a brother of the widow and proceeded to censure the writer "for having imposed upon these people in securing a note from them and an agreement to pay hospital accounts out of the insurance money received." He gave the writer to understand that his sister was to have the insurance money, and inasmuch as the hospital was a benevolent institution, the writer "could go to grass." The writer asked the impudent gentleman where he had been for the past three years, why he had not made himself known, why he had not helped his relatives, and why he should step in now when there appeared to be some money in sight. To all of which he said "that it was none of the writer's business," but that he contributed to-

Instructions

To Admission Department

See that admission blank is carefully completed and where necessary, properly signed and witnessed.

To Collection Department

See that patient or responsible person receives bill on agreed days during patient's stay in hospital.

If payment is not made as agreed when bill is presented, the responsible party must be seen or communicated with by telephone and the matter worked out in detail.

If patient is ready to be discharged and owes a balance unprovided for, it necessarily comes to the attention of the credit department on presentation of "dismissal slip." This comes down usually at least an hour in advance of time of leaving; giving time to complete the statement and contact the payer. A case of one leaving without any agreement for payment is unusual, as previous contacts have afforded opportunity for an understanding. However, "finishing touches" to an incomplete payment agreement are quite often given just before dismissal.

ward hospitals and they were built to take care of cases like this.

The writer smiled and said, "When your sister gets the insurance check, come out and we'll talk things over."

"I'm done," he replied, "and you won't get a cent."

Next day the sister came out and apologized for her brother, saying, "He never did anything for us, while you saved our insurance, and words can't express my appreciation; but I don't know what he will do if I ever pay you, for he has commanded me not to."

The writer told her not to worry but just wait until she got the check from the insurance company and then perhaps her brother would come out with her.

In about a week the two came in. The obstreperous gentleman didn't know just how to proceed, as the check was made payable to both the wife and the hospital, and his attorney had told him it couldn't be cashed without the writer's endorsement! The result was we three went down to the bank; the hospital was paid "as its interest appeared." The wife was delighted, and again, with tear-dimmed eyes, thanked the writer, while the ungracious brother took this parting shot: "I never saw a hospital man like you, and while I hate the ground you walk on, I'll have to say you're a smart guy when it comes to business."

One other case: An old mother came in. It was learned she had four grown sons, some of whom she hoped

would care for her account, and there was no question but what they should and could have done so. But these ungrateful men were so sure they would *not* that they steadfastly refused to answer any letters or telegrams, nor would any one of them even run the chance of a visit to the poor mother who had gone into the valley of death to bring them into the world, who had nursed them and sacrificed for them, to be treated in a time of need as an animal rather than a human being. It's hard for anyone to understand how a man, made in the image of God, could sink so low as to permit the public or the church to care for his mother in her need while he is able to do so. Such ingratitude may be explained in the next world; it can't be here.

To handle hospital accounts successfully, every case must be worked out on its merits. Unless other arrangements have been made, house accounts should be followed and paid weekly, and the hospital that has a sane, wholesome, businesslike atmosphere saturated with kindness, firmness, tact and sympathy, will, with the aid and cooperation of the doctors, soon gain a reputation for efficiency that will automatically drive away the hospital grafter or compel him to be man enough to bear his part of a common burden in the nursing of his loved ones back to health.

Most people, of course, pay their hospital bills as they do other obligations, and to do so many of them have to sacrifice. It is therefore wrong for any hospital administration to permit those able to pay to avoid payment. It's a disgrace to the hospital, it's unfair to the patient who does pay, and it works an injustice to the debt dodger himself, for the sooner he is made to see and feel "the error of his ways," the sooner he will become an honest man and a worthwhile citizen.

The writer does not claim to be an authority on hospital collections, but having had several years of experience, really enjoys the fascinating game of "balancing the budget," and especially does he enjoy the worthwhile task of making a prompt payer out of the shiftless, the careless, the indifferent, and the so-called "dead-beat."

This article closes with the following "storyettes" which every hospital executive will immediately acknowledge, contains more truth than poetry:

FORETHOUGHT

Wife: "It is my opinion that there is a baby coming into this home and we should work out some plan of finance to take care of the expense when the time comes."

Husband: "I know just the thing to

Little Things Sometimes Decide If Hospital Bill Is to Be Paid

The author in this article endeavors to show by specific example that the person charged with admission of patients must watch many things and that sometimes apparently trivial matters are in reality the deciding factors in determining whether a hospital shall mark "loss" or "paid" after a discharged patient's name.

One point stressed is that sometimes even the best assurance given verbally does not "stand up," the lesson being that the rule should be to insist that all persons guaranteeing a bill should do so in writing. No one can object to obeying a rule that applies to all and is strictly enforced.

Another point mentioned in this article is that it is to the advantage of a hospital to assist in the payment of an insurance premium with proper protection, rather than to have the insurance lapse when a hospital bill is not paid.

Other incidents point to the necessity for ingenuity and constant vigilance on the part of the person in the hospital charged with the collection of bills, and suggest that in some instances little things which hardly seem worth investigating really decide whether the hospital is to be paid or not.

do. We will start a 'Baby's Savings Account,' beginning right now. Let's put \$40 in to start with, and then each month a minimum of \$20."

The account was opened, and when "the time came," the hospital bill was paid in full and the doctor was made happy with a check in full for his services—all paid from the "Baby's Savings Account."

This plan is sane, sensible, satisfying. It should be suggested to prospective fathers and mothers who are a little careless in the way they spend money. It is an interesting program. The parents will really get quite a kick out of it, and furthermore, they will have a feeling of pride and independence in that the baby is all paid for.

HINDSIGHT

Prospective father to credit manager: "I had to bring my wife into the hospital early this morning. This came upon us so sudden-like that I hadn't any time to arrange for payment. We really were not expecting the baby for two or three weeks yet."

Credit manager: "Do you mean to say that you are to become a father today, perhaps even this morning, and that this matter has developed with a suddenness which has made it impossible for you to have provided payment necessary for an occasion of this kind, either in whole or in part?"

Prospective father: "Some months ago we did have a little fund started looking toward payment of the hospital bill, but we were offered such a bargain in a radio with such a small payment down and future payments made so easy that we just couldn't resist buying it."

Well, it's pretty safe to conclude that these foolish parents didn't get that way all at once. Being without a plan or a program, they have drifted along carelessly and indifferently to the real values of life. Perhaps

the parents are not deserving of much sympathy, but surely such procedure is unfair to the hospital, to say nothing about the unfortunate baby who has to be born into such an atmosphere of neglect. If a doctor who has the real facts concerning such cases would insist on such mothers being cared for at home, he would not only render a service to the hospital and to himself but would sow the seeds of thoughtfulness and at least a degree of independence, in the minds of parents that would mean much for their future.

There are two words which hospitals and doctors should not only learn, but use. They are these, "courteous cooperation."

In concluding this article, the writer suggests:

Analyze the house accounts.

This is the second of a series of five articles on factors in successful collections.

This article cites specific instances where apparently trivial things which were not taken into consideration proved to be most important to the hospital as far as different financial transactions were concerned.

In the first article of this series in last month's issue, facts about the value of a properly designed admission card were presented.

Next month the author will tell of following up patients after discharge to collect balance due the hospital.

Classify them.
Work them.
Define a policy.
Make a program.

Follow it, and don't forget what the colored hospital executive said, "Brudder, I gits de money while de pain's on."

New Jersey Executives Hold Meeting

The New Jersey Hospital Association met at Atlantic City, May 13 and 14, with the New Jersey Occupational Therapy Association.

The address of welcome was delivered by Mayor Harry Bacharach, and the response by Dr. B. S. Pollak, medical director, Hudson County Tuberculosis Sanatorium. The reports of committees and of the treasurer were presented. Dr. George O'Hanlon, medical director, Jersey City Medical Center, delivered his presidential address, and the following subjects were presented: "United States Veterans' Hospitals," Thomas J. McEvoy, manager, Veterans' Administration, Lyons; "On Certain Traditions in Hospitals," Dr. E. M. Bluestone, Montefiore Hospital, New York; "The Normal Diet," Angela C. Murray, dietitian, Newark City Hospital; and "By-paths of Economy," Jean Holden, Mountainside Hospital.

At the banquet the speakers were Paul H. Fesler, president, American Hospital Association, and the Hon. William J. Ellis, commissioner of state department of institutions and agencies.

On Saturday morning the delegates were entertained as the guests of the Kimble Glass Company, near Vineland.

The afternoon session terminated with a symposium on education of nurses. Grace Watson, director of nursing education at the Medical Center, Jersey City; Eva Caddy, St. Barnabas Hospital, Newark, president of the state league of nursing education; James R. Mays, Elizabeth General Hospital; and Dr. Paul Keller, medical director, Newark Beth Israel Hospital, led the discussion. At the close of this session Dr. Guy Payne, superintendent, Essex County Hospital, Cedar Grove, was installed as president.

CHARLES CRANE DEAD

Charles Crane, formerly superintendent of Peck Memorial Hospital, Brooklyn, and one time superintendent of New Rochelle Hospital, New Rochelle, N. Y., and vice-president of the Westchester County Hospital Superintendents' Association, died recently.



Some of the visitors at Fairview Hospital, Minneapolis, Joseph G. Norby, superintendent. Dr. W. A. O'Brien, University of Minnesota Medical School, was a speaker on National Hospital Day, and movies of the visitors were taken.

National Hospital Day Widely Observed, Says Cummings

By C. J. CUMMINGS

Superintendent, Tacoma, Wash., General Hospital, Chairman, A. H. A. Committee on National Hospital Day

THE National Hospital Day Committee of the American Hospital Association has received so many enthusiastic and detailed reports of the observance of 1932 National Hospital Day from different state and provincial chairmen that it thus early confidently reports that the observance of the day was more widespread than ever.

The major portion of the credit for this great success goes to the many active and energetic state and provincial chairmen, the vast majority of whom proved that they were "go-getters" by taking advantage of every means of developing greater interest and more active participation in National Hospital Day on the part of both hospitals and the public.

This is only a preliminary report hastily prepared at the invitation of HOSPITAL MANAGEMENT, and in the final report which will be prepared for the American Hospital Association convention in Detroit full details will be given.

The chairman of the Committee feels especially indebted to Dr. Caldwell, executive secretary, and Mr. Fesler, president of the association, for their most active and influential support. They personally encouraged hospitals in different parts of

Thank A. M. A. Group

By ALMA D. WHITACRE

President, Woman's Auxiliary of the Washington State Medical Association, Tacoma.

On May 10, the following telegram was read before the general assembly of the Woman's Auxiliary of the American Medical Association at New Orleans:

"The hospitals of the United States cordially invite the cooperation of the approximately 100,000 physicians who daily utilize hospital facilities in presenting to the public on May 12 some facts concerning the importance of hospital work. The cooperation of the wives of physicians in helping to welcome visitors on National Hospital Day and presenting other features of programs has been most helpful and highly appreciated. The A. H. A. through its National Hospital Day officers takes this opportunity to thank the ladies for this cooperation and to hope that it will be continued."

Those present expressed their deep appreciation for the recognition by the A. H. A. National Hospital Day Committee of the cooperation of the Auxiliary with the Hospital Association and noted their approval of this cooperation and that the telegram be incorporated in the minutes.

the country by outlining facts about the advantages of National Hospital Day at numerous conventions. Dr. Stephens, president-elect, played a very important part in stimulating activity among Canadian hospitals. With such activity and such encouragement from the national officers, and with corresponding energy on the part of so many state and provincial chairmen, it was no wonder that the Committee is so confident that the 1932 celebration surpassed all previous records.

A very important encouragement was the special letter from President Hoover, who called attention to the fact that the United States is blessed above other nations in the number and character of its hospitals, and who urged special support to the hospitals during the present difficult times.

Reports already have been received from practically all of the provinces of Canada, from the Philippines, Chile, and Hawaii, and at this writing there are only four states in the Union from which no word concerning the 1932 observance has been received.

The work of the hospitals again received unusually generous support from national advertisers and from local merchants through radio, newspapers, store windows, and other means of publicity. Numerous important clubs and religious organizations cooperated in generous fashion also.

A very important factor was the activity of women's auxiliaries in assisting in the arrangements of the different hospitals.

Another gratifying factor was the splendid cooperation received from the different state and sectional hospital associations which responded nearly 100 per cent to the suggestions and invitations of the National Hospital Day Committee.

The more popular means of advertising National Hospital Day programs and the favorite items on the program for May 12 included store posters, posters by school children, posters displayed throughout the hospital, speakers at civic clubs, references in sermons, home-coming of nurses, baby reunions, refreshments, musical programs, flowers for visitors, first aid demonstrations, open house. In some instances National Hospital Day took on the aspects of a local holiday and received proportionate attention from all local organizations and establishments.

Elsewhere on this page is a statement telling how the Committee brought the day to the attention of the A. M. A. auxiliary at New Orleans.

Care of Mechanical Equipment Is Insurance Against Trouble

This Is First of Two Practical, Concise Articles on Factors in Economical and Efficient Operation and Care of Hospital Mechanical Plants; Author in Charge of Equipment Serving Mayo Clinic

By N. D. ADAMS

Superintendent, Franklin Heating Station, Rochester, Minn.

IN the operation of the mechanical equipment of a hospital there are three essentials. They may be stated as:

1. Continuity of service.
2. Quality of service.
3. Efficiencies of operation.

The patient of twenty years ago stayed at home, where the physician called once or twice a day, as the case demanded, and where if necessary the nurse went to live with the family and care for her charge. The patient today comes to a hospital because he knows that it is equipped to give him constant 24-hour service.

In order that this demand be met, it is necessary that the management should realize how important a part the mechanical end of his plant plays in satisfying the client.

In choosing a chief engineer and his assistants you are not only placing about 50 per cent of your valuation in their hands to conserve or ruin, but you also are hazarding your success on their ability to deliver service.

Too many plants are being operated by high class janitors, tinkers, or good handy men. They can fix it up so it will "run," but for how long? Some ten years ago I was called to a hospital to find out why repair bills were so high and at the same time there should always be so much trouble. We found the chief engineer was a former sailor who knew everything and could fix anything, and he was so busy fixing that he had no time to maintain and prevent trouble, which is true operation.

Select your chief engineer or building superintendent from that group who have at least a technical school education backed by several years of practical experience and who are willing to study with a mind open to new ideas. Be sure that he is a man with whom you can work and in whom you can place your confidence, and then cooperate with him.

From a paper before 1932 Minnesota Hospital Association.

Good maintenance is the first step in furnishing continuous service, and for this a true knowledge of what makes up your plant is essential. An inventory should be made which will classify every item of equipment, showing where it is located, manufacturer's name, factory number, type and cost installed. We find that a card file works out best for keeping a permanent record of this inventory. The card should be large enough to allow for additional information such as voltage, phase, speed, and so forth, of a motor. A cross index number on this card should refer to a file envelope where the catalog parts list and operating instructions may be readily located.

On the back of this card a record should be made giving the date of each thorough inspection, work done, parts replaced or repaired, and cost. Routine inspection is the only insurance against troubles occurring when you least expect them. Certain pieces of equipment require attention only once a year, others every six months, and some as often as every four or six weeks. Time passes so fast that one cannot rely on mem-

ory. Therefore, a duplicate system of cards should be arranged and placed, the correct time interval ahead where it will turn up just as a reminder.

To illustrate: Motors should be taken apart at least once each year, thoroughly removing the dust and grease which accumulates on stator and rotor, coils repainted with insulating varnish, bearings checked for wear, and reassembled, checking clearances carefully.

Centrifugal pumps, if run continuously, require internal inspection at least once each year for wearing-ring clearance. The shaft packings should be replaced every six or eight weeks, as dry hard packing will cut shaft or bushings and increase power consumption. New packing is much cheaper than repair parts and possible shut-downs.

Once each year, preferably during the summer time when the heating system is not in operation, all traps should be removed, cleaned and tested. During the system's first two or three years' operation the piping and radiators should be blown and washed down to remove all accumu-

"Never a Better Time to Take Equipment Inventory"

"Never has there been a better time to take an inventory of our equipment, men, and operation. Now is the time to take advantage of unemployed engineers' ability and after a careful study have those changes made in your plants which will give economical operation combined with low maintenance costs. Materials and labor have never been obtained at lower prices. To illustrate may I refer you to the May 10 issue of *Power*, entitled 'Operating Costs Reduced \$34,000 Annually in Royal Victoria Hospital,' by D. F. Grahame, chief engineer? 'By a complete revamping of power service equipment and systems the Royal Victoria Hospital in Montreal, Canada, is now saving approximately \$34,000 yearly in operating costs. About \$27,000 of this saving is in coal alone, due to decreased consumption, better boiler efficiency and the ability of properly selected firing equipment to handle a cheaper grade of coal.'"

lated dirt. If the system has been operated for some time it should be tested under pressure (air and water) for leaks. Possibly a section of pipe should be removed from various parts of the return and checked for corrosion.

All tanks (air or water) should be checked internally once each year for corrosion, all surfaces thoroughly cleaned and painted.

All valves should be closed and opened once every three months or more often if necessary to prevent freezing or rusting out. We have all experienced that lost feeling of not being able to close a valve when an emergency arose; we have witnessed the twisting off of wheels and stems through the use of large wrenches at such times. To avoid this, the packings should be checked each time to prevent leaks, which are not only expensive from loss of contents but usually drip onto covering or unprotected surfaces, causing material damage.

Internal inspection periods for boilers depend on the condition of the feed water, which can be ascertained by daily or weekly chemical analysis of the boiler contents. Such tests have become standardized and are easy for the average man to make by following directions furnished by the chemical companies. The chemicals and apparatus are not too expensive when they may prevent a shut-down, a boiler replacement, or a possible explosion. Each plant presents an individual problem with various periods of operation; with varying percentages of return condensation or raw water makeup. Very seldom do you find two samples of water from different localities showing the same analysis.

The above is sufficient to show the need and the economy of periodical attention. May we remind you that only the best of materials, such as packings, oils, greases, will prove to be the cheapest in the long run. The correct application of these materials cannot be overstressed. Today the larger manufacturers of supplies are maintaining service men whom they are glad to send to your plant and who will, after making a survey, recommend and guarantee the correct use of their products.

A large stock of repair parts is expensive to maintain and may be partly eliminated by good maintenance. Every manufacturer will be glad to list a large number of parts which he will be glad to sell and recommend, but experience and your card system will soon list the essential parts to have on hand.

Field Loses Capable Executive in Death of Mr. Behrens



P. W. BEHRENS

THE hospital field lost an intensely practical administrator in the death on May 16 of P. W. Behrens, superintendent, Williamsport, Pa., Hospital. Mr. Behrens not only had an unusual amount of experience in several hospitals in different parts of the country, but he had an international viewpoint on many problems of hospital service, due to his membership in and regular attendance at conventions of the German Hospital Association. He also was a member of the International Hospital Association, a life member of the American Hospital Association, and a member of the Hospital Association of Pennsylvania. Prior to taking charge of the Williamsport Hospital, Mr. Behrens was superintendent of the Toledo, Ohio, Hospital for ten years.

Mr. Behrens took an active interest in matters pertaining to the welfare and progress of the hospital field and freely gave of his experience and advice during the long period in which he was a member of the editorial board of HOSPITAL MANAGEMENT. At the time of his death he was completing two articles, which, however, were so well outlined that Mrs. Behrens, who has been associated with him in hospital work, is confident that she can complete them as he would have wished.

Mr. Behrens, a native of Germany, became a citizen of the United States when he came to this country more than 30 years ago. In his native land he studied at the University of Kiel

and became an officer in the German navy. His school work embraced the thorough routine of German institutions and his training in the boiler plant, laundry and other departments of the school gave him an invaluable foundation for his hospital work. Mr. Behrens spent more than 30 years in hospital administration, being in charge of the present Grant Hospital, Chicago, the Deaconess Hospital, Buffalo, and Magee Hospital, Pittsburgh, before going to Toledo and thence to Williamsport.

Local newspapers paid high editorial tribute to Mr. Behrens for his efficient management of the Williamsport Hospital, and this was echoed by the praise of Seth T. McCormick, Jr., president of the board. During his six years at Williamsport, Mr. Behrens helped to raise the standards of the institution so that it met the approval of various national agencies.

Mr. Behrens became ill about a week before his death, which was due to a heart condition, complicated by bronchitis.

Mr. Behrens some time ago had announced his intention of attending the 1932 convention of the German Hospital Association, a gathering which he had addressed at a previous session.

Hospital executives will be interested to know that Mr. Behrens contributed two unusual items to the Henry Ford museum, one a surgical instrument used by the late Dr. Schlanger, famous German surgeon, under whom Mr. Behrens studied at the University of Kiel, and the other a seaweed surgical sponge which was in common use many years ago.

The burial took place at Bay City, Mich., on May 24, which was the 65th anniversary of Mr. Behrens' birth. Besides Mrs. Helen Behrens, who was a valued assistant to her husband in managing the hospital, and whose particular interests were the nursing school and the patients' library, Mr. Behrens is survived by four brothers and two sisters.

MINOR INJURIES

An official in a large western community recently ordered the police not to rush to the city hospital persons who were only slightly injured in accidents or those whose condition did not suggest the need for emergency treatment. This order was prompted by a desire to reduce the expenses of the city hospital, and it mentioned instances where injured people were taken to a hospital when they objected to going and asked to be treated at home.

How Some Hospital Groups Try To Solve Auto Problem

Five Types of Laws Help to Minimize Losses, But No One Law Protects Hospital in Every Instance; Many Groups Look to Lien Law as Best Solution, and Others Are Making Study of Institutions' Experience

By MATTHEW O. FOLEY

APPROXIMATELY 1,000,000 men, women and children were injured in automobile accidents in 1931. Automobile accidents have increased steadily year after year; in 1931 ten times as many people were killed by automobiles as in 1911.

Estimates of the total losses due to automobile accidents range from \$600,000,000 to \$2,000,000,000. The former is based on an arbitrary estimate of damages and benefits paid by insurance companies, and the latter purports to cover all forms of losses, such as extra expense of being at home during time of treatment and convalescence, loss in salaries, wages, etc. It is my belief that hospitals lose between \$5,000,000 and \$6,000,000 annually in serving automobile accident patients.

As a result of safety efforts, accidents involving trucks, buses, and taxicabs have lessened in recent years, while accidents involving private passenger cars increased about 40 per cent. In 1930, for instance, accidents involving vehicles operated by corporations decreased sharply compared to 1924, but mishaps in which private cars were involved were nearly half again as great.

It is more difficult to locate or deal with an individual who may be from a distant state than it is to locate a corporation operating a fleet of taxicabs or trucks, and so this decrease in accidents involving public conveyances and the increase in mishaps in which privately owned cars figure add to the difficulties of the hospital collection departments.

Hospitals will be further concerned with the much more rapid growth of accidents in which two or more vehicles are concerned, as compared with the growth of accidents involving pedestrians. It usually is much easier to place the blame for an accident which happens to a man who is crossing a street against a traffic light than

to determine who was responsible when two moving automobiles collide. So the fact that vehicle collisions are growing eight times as fast as pedestrian accidents means that many more hospitals may have to wait until the law decides which, if any, of the motorists was to blame for the accident that sent one or more people to the hospital.

The hospital field has no figures of its own that will indicate the size of the automobile accident problem from the hospital viewpoint. It must take the figures of the National Safety Council, the National Conference on Street and Highway Traffic, the Census Bureau, and other organizations.

So hospital experience with automobile accidents must be based on independent studies comparatively limited in scope. The first study of this kind probably was that of the Ohio State Hospital Association which obtained the cooperation of 122 hospitals of the state in a year's recording of automobile accident statistics. This study, conducted by John R. Mannix, executive secretary, indicated that every time a hospital admitted a patient injured by an automobile, that hospital had to add \$36 to all which the patient or anyone else concerned paid for service to that patient. On the basis of the study, it was estimated that Ohio hospitals lose about \$350,000 a year, or nearly \$1,000 every day, because of failure to collect sufficient payment from victims of automobile accidents. B. W. Stewart, Youngstown Hospital, chairman of the 1931-32 legislative committee, Ohio Hospital Association, advised that a study for the year ending June 30, 1931, showed an approximate loss of \$375,000 for hospital service to automobile accident patients. Mr. Stewart based this figure on returns from 104 hospitals, treating 20,032 patients, 8,241 of whom spent 97,806 days in the hospital.

New Jersey has reported a year's study of 19 general hospitals, and this

indicated a difference of about \$26 between what the hospital spent on an automobile accident victim and what it received. This was made by Emil Frankel, of the statistical department of the New Jersey department of institutions and agencies.

Available for this discussion also was a survey made in Massachusetts which indicates that hospitals lose about \$75,000 a year on patients who receive a settlement from insurance companies and who fail to pay the hospital bill.

An original study of the extent of losses to hospitals for service to automobile accident victims was attempted in connection with this paper. Information was requested from general hospitals in every state. Replies immediately impressed one with the almost complete lack of attention paid this subject by hospitals, from the standpoint of financial analysis. Very few hospitals gave specific information, although many more confessed that they were greatly troubled by the constant drain on hospital funds from automobile accidents.

So instead of presenting a picture of the automobile accident situation on a nation-wide scale, this study must be considered only as a very limited survey of little value, except for the very definite impression received that a great many hospitals in all parts of the country consider the financial burden of automobile accident service a heavy one, and of sufficient importance for action by a national group.

Figures for this paper were obtained from 30 states and they deal with experience with a total of 21,740 patients. Of these, 12,347 were so badly injured as to require bed care. There were 9,393 who needed first aid only.

A number of the hospitals which reported patients given first aid or admitted failed to report how many of these paid in full the hospital charges. However, hospitals report-

From a talk before hospital conference, American College of Surgeons, New York. Revised.

ing a total of 10,797 bed patients stated that, of these, 3,851 had paid their hospital bills in full. This is about 35 per cent. The hospital charges in many instances were less than cost.

The hospitals giving figures on the number of first aid patients paying in full produced the following figures: 7,621 first aid patients treated; paid in full, 3,640, or 47 per cent.

This study took cognizance of the fact that few hospitals analyze automobile accident service from the financial or any other standpoint. That so few could report even the number of patients of this type admitted proved the futility of asking for detailed financial statistics. So this effort was confined to an attempt to find out how many patients were admitted, the character and extent of service required, and the number who paid the hospital charges in full.

About half of the hospitals estimating the amount of service required by automobile accident patients said that 30 per cent or more of such patients needed long hospitalization. One hospital with very few automobile accidents stated that every such patient needed long hospitalization; another said 35 per cent stayed more than 15 days, and another that 6 per cent remained for a month or more.

An effort also was made to verify the assumption that the majority of automobile accident patients were cut by flying glass, but the majority of replies indicated that the hospitals had no classification of injuries. A number reported that they believed 60 per cent or more injuries were due to flying glass, and a few said that practically every automobile accident patient was cut by glass.

This part of the discussion cannot be passed without reference to some of the reasons certain hospitals did not give figures. A very few did not segregate automobile accident patients from others and asserted that automobile patients do not show percentage of losses different from other patients. Several hospitals said they did not keep any figures regarding automobile accident patients, and the inference was that other records were not easily available, either. One or two replies were that the hospital did not think it worth while to keep records of automobile accident patients.

A majority of those replying indicated that they believed the situation arising from automobile accidents was a serious one and that they would be glad to help in a general study, with a view to finding a remedy or a means of improving the hospital status. Some of these hospitals had partial figures, indicating that they were at-

"Hospitals annually must obtain from the public at least \$5,000,000 to pay for services required for automobile accident patients who fail to pay hospital bills.

"Hospitals ought to gather and analyze all facts connected with automobile accident service.

"Hospitals should join all other agencies interested in any phase of the problem relating to automobile accidents in order to obtain cooperation of these groups and to cooperate with them in efforts to reduce accidents and all forms of loss.

"No law fully protects hospitals in automobile accident cases. Present laws either do not operate in every case or do not compel payment to the hospital when patient receives settlement."

tempting to analyze and study this problem, individually. All in this group welcomed help.

A number of hospitals said that they would begin to keep careful records for individual study and analysis.

The very few hospitals that answered that they were not worried about automobile accidents reported that they considered the automobile accident patient the same as any other patient, from the standpoint of financial responsibility. They looked to him, if financially able, to pay. Whether or not the patient was to blame for the accident was beside the point so far as the hospital was concerned. The hospital took the position that its services were being rendered to the patient and he was the one who ought to pay the hospital.

In pursuance of this policy these hospitals used various means of obtaining payment from a patient able but not willing to pay. Collectors, signed statements by patients of liability for payment for services rendered, and even litigation were reported.

A group of hospitals reporting small losses from victims of automobile accidents included those institutions which have an iron-clad rule that first aid only shall be rendered to accident victims unless financial arrangements for further care are made immediately. Patients unable or unwilling to make these arrangements are transferred to a public hospital at the earliest opportunity.

Another group with comparatively small losses from persons injured in automobile accidents reported that all such patients were routinely admitted

to wards and treated there unless they paid in advance for other accommodations.

Within the past year or so several hospitals have reported the use of a friendly suit to establish the legal position of the institution as a claimant for any damages that may be awarded to the patient treated. This method, like all others, must be used only when conditions warrant, and the patient must be carefully made to understand the reason for the suit, in order that his good will may be retained.

There are at least five types of laws in effect that help hospitals minimize the cost of service to automobile accident patients. These laws, however, as far as this study indicates, are in effect in only very few states. Two states—Connecticut and New Jersey—for some time have had laws offering the hospital a lien on any damages that may be awarded a patient injured in an automobile accident and treated by the hospital. Nebraska, Oregon and Virginia have had lien laws in effect for less than a year. A number of other states are actively seeking similar lien laws.

The Connecticut law applies to all accident patients and has been used with good effect by a number of hospitals in obtaining payment for service to victims of automobile accidents. The New Jersey law applies wholly to automobile accident patients. Both of these laws, as far as the hospital is concerned, are effective only when an award is made to a patient. In both states, according to some superintendents, the law is not used routinely, but its application is determined by circumstances surrounding the individual patient. Where there is any doubt of the hospital receiving its payment, the law usually is invoked. When the person injured was to blame for the accident, where the motorist or responsible party has no insurance or resources, and under some other conditions, the law is valueless.

One Connecticut hospital reported a series of cases in which its charges amounted to \$6,200. Approximately \$1,600 of this was outstanding at the time the report was made and must await decision in suits. One bill of \$212 must be charged against bad debts, however, since an inquiry developed that the car owner involved was insured and registered under a false name.

In asking for suggestions as to how hospital administrators would minimize losses from automobile accidents, I was impressed by the many suggestions concerning a compulsory liability insurance law for motorists. A number of persons making this sug-

gestion have referred to Massachusetts as a state in which such a law is effective. While a few hospitals in Massachusetts reported more or less satisfactory results under its act for compulsory liability insurance, one of the state's largest hospitals, world famous, reported in these words:

"Compulsory automobile insurance, as known in Massachusetts, is of no value in improving the collection of hospital charges for service to automobile accident victims. What usually happens now is that the hospital does the work and the lawyer and patient divide the money. The various state commissions which have studied the Massachusetts law with an open mind as to whether their own states would adopt something similar have all reported adversely and hold up our law as a horrible example. We tried last year to get a bill through which would give the hospitals a lien on money paid in the settlement of such claims."

The previous reference in this paper to a loss of \$75,000 to hospitals from patients who have been given awards and have failed to pay their bills is another evidence of the apparent failure of the Massachusetts act to protect hospitals effectively. Furthermore, in a recent publication of the National Safety Council it was estimated that hospitals, physicians and nurses of Massachusetts lost more than \$1,000,000 in 1930 through failure to collect for services to victims of automobile accidents. This estimate was based on the experience of one hospital which averaged a 50 per cent loss over the period of a year.

The third of the five types of laws mentioned is the West Virginia law, which applies only to taxed hospitals. This law gives those hospitals credit for taxes to the amount of service rendered to indigent patients, including indigents injured in automobile accidents. Joseph W. Savage, secretary of the West Virginia Hospital Association, estimates that the law will save the hospitals affected approximately \$75,000 a year. This law, of course, applies only to hospitals subject to taxation.

The fourth law, which apparently has worked to the best advantage of the hospital, is one relating to township organization in Indiana. A superintendent who has had a very favorable experience with this act says that it places the responsibility on the township trustees for determining whether or not the patient is a pauper. In an emergency the act makes it obligatory on the trustees to pay for the necessary care, but ordinarily an order from the trustees must be had before payment is authorized. The

superintendent who reports the satisfactory use of this law says that he sends the pertinent excerpts from the statute to the township trustees with each bill, and invariably the full payment has been received.

Several other hospitals in Indiana reported a similar use of the township law.

The fifth type of law, like the Indiana township trustees law, does not apply specifically to automobile accident patients. This law is in effect in Connecticut, Ohio, North Carolina, Arkansas, and perhaps other states, and protects hospitals against fraud. It is similar to the hotel law of that nature. Probably this law is not used as frequently as it ought to be in the states in which it is in force. One Connecticut hospital administrator, however, makes good use of it. He writes:

"Automobile accident patients give us little trouble. We routinely use the lien law which gives us protection when a settlement is made. When a Connecticut motorist is not insured or does not take care of obligations following an accident, he is placed on probation by the commissioner of motor vehicles and must immediately take out insurance or file a bond to cover future accidents. Connecticut also has a law imposing a penalty on any hospital patient or person responsible for the patient's bills, who attempts to defraud the hospital.

"How these laws help us is shown by our admission of 149 automobile accident patients this year up to September 1. All bills have been collected except 26 now pending and which will be paid when treatment is completed, and 29 noninsurance cases now involved in court procedures. We expect to collect 24 of the latter 29 and to proceed against the other five under the law pertaining to frauds."

It is a fact that many hospitals are sorely tried by the financial burdens of service to automobile accident victims. Thus far, however, nobody knows just how large this burden is, nor any other details of the problem as related to hospitals. This situation suggests that the hospital field organize a general study of various phases of service to automobile accident patients, including financial statistics and methods of obtaining cost, or of minimizing losses from this source.

It is a well known fact that the progress that has been made in industrial safety work and in some forms of public accidents has been due to a careful gathering and analysis of the information concerning accidents and accident prevention methods. Would not a compilation of facts and figures

concerning automobile accidents as they relate to hospitals and a careful analysis of the subject prove equally valuable to the hospital field?

Since this suggestion was made, three more state studies of automobile accidents have been announced under the auspices of state hospital associations—Kansas, Iowa and Illinois.

It is gratifying to know that as a result of the questions asked in the preparation of this paper a number of hospitals voluntarily offered to collect their own statistics for study.

There are a number of groups interested in the general subject of traffic, safety, accident prevention, and allied subjects. But each group is primarily interested in one phase of the subject and to date has practically ignored the efforts of the other groups working in the same general field but in other ramifications. Of course, the hospital field is just as self-centered in this respect as any other group. Would it not be worth while to have representatives of the various traffic, accident prevention, safety, and allied groups work in closer contact with each other in order to pool their sources of information and to get a complete picture of all the activities in this field?

If the cooperation of representatives of all groups interested in safety and accident prevention, from the standpoint of the pedestrian, the motorist, public officials, hospitals and others interested were obtained, it is likely that legislation, if necessary, could be drafted which would meet with the approval of all groups, and which would, therefore, have much greater chance of success.

Speaking of legislation recalls a recently published statement to the effect that within the past year or so efforts have been made in no less than 42 states to divert funds from state gasoline taxes to other purposes. Hospital groups have not been guiltless in this connection; at least, in several states suggestions along this line have been offered. It is said, however, that organized efforts to divert state gasoline tax funds for other purposes have been practically without results, owing to the fact that the state laws have been definitely worded in regard to the uses to which the gasoline taxes may be put. Wherever diversion has taken place it has been due to the fact that the text of the law permitted a portion of the fund to be used for other purposes than road building and maintenance. It has been pointed out that any effort to divert gasoline taxes has met with the powerful opposition of the road builders' association, the national motorists' groups, and others.

WHO'S WHO IN HOSPITALS

AFTER seven and a half years at the Glendale Sanitarium, Glendale, Cal., E. G. Fulton now is manager of the Porter Sanitarium and Hospital, Denver, a comparatively new institution. Mr. Fulton has spent some 15 years in sanitarium management, having been connected with the Washington Sanitarium at Takoma Park, Washington, D. C., Loma Linda Sanitarium, Loma Linda, Cal., and more recently at the Glendale Sanitarium. He is widely known among Pacific Coast administrators and took an active interest in the organization and development of the Hospital Council of Southern California, as well as having participated in A. H. A. programs on several occasions.

Louis Cooper Levy, for ten years superintendent of Jewish Hospital, Cincinnati, now is in Montreal guiding the board of directors of the New Jewish Hospital of that city (the first Jewish hospital ever built in Canada) in the purchase of equipment and also in planning for the administration of the hospital. By reason of his long experience in hospital work, Mr. Levy is well qualified for this important task. The new plant will cost \$1,250,000. It was designed by J. Cecil McDougall, A. R. I. B. A., architect and engineer, with C. Davis Goodman, associate architect, and Dr. S. S. Goldwater, consultant. The magnificent structure is nearing completion and is expected to be opened before next spring.

Shirley Herr, Culver Hospital, Crawfordsville, was elected president of the conference of trustees and superintendents of Indiana county hospitals which held its annual meeting recently at Columbus. J. B. Riddle, Brazil, was named vice-president, and Miss Nelle Huffman, Columbus, secretary.

H. T. Barnes, Detroit, recently was named superintendent of the Elmhurst Hospital, Elmhurst, Ill., succeeding Hallie A. Staley, who resigned after five years' service.

After more than three years' service as superintendent of Guelph, Ont., General Hospital, Mary F. Bliss recently resigned for a summer's holiday in the Maritime Provinces.

Otis A. Hudson, formerly business manager, Linda Hospital, Loma Linda, Cal., has been appointed assistant comptroller of the College of Medical Evangelists, Loma Linda, and has been succeeded as manager of the institution by Allen Dazey.



E. G. FULTON

Business Manager, Porter Sanitarium,
Denver, Colo.

Dr. C. H. Anderson, superintendent, East Moline, Ill., State Hospital, recently spoke before a business men's association of Moline.

Amy Beers, superintendent, Hackley Hospital, Muskegon, recently was elected president of the Michigan Nurses' Association.

Catherine Shriver McDuffie, formerly instructor at City Hospital, Columbus, Ga., recently was named superintendent of the Dunson Hospital, LaGrange, Ga. She is a former teacher and after completing her nursing course took post-graduate work at the Woman's Hospital, New York, and Western Reserve University, Cleveland. She has had extensive experience in hospital administration and public health work.

Blanche Langer recently succeeded Essie DeGraw as superintendent of Memorial Hospital, Mt. Pleasant, Ia. Another recent change in that institution was the appointment of Mae Mayne as anesthetist and X-ray technician.

Ethel Anderson of Rochelle Hospital, Rochelle, Ill., recently succeeded Lela Matthews as superintendent of the Hammond City Hospital, Geneseo, Ill.

Mrs. Anne Griffith, R. N., Bushnell, Ill., has been appointed superintendent of nurses at Abbot Hospital, Oskaloosa, Iowa.

Mrs. Myrtle Burgner, superintendent, Two Rivers, Wis., Hospital, on a recent visit to Pekin, Ill., was tendered a reception by personnel of

the Pekin Public Hospital of which she formerly was superintendent.

Hazel Stockhoff, Tulsa, is the new superintendent of the Sapulpa, Okla., City Hospital.

Mrs. Ruth W. Mumford is the new superintendent of nurses at the Thomas D. Dee Memorial Hospital, Ogden, Utah, assuming her duties June 15. Mrs. Mumford formerly was an executive of the Salt Lake General Hospital.

John D. Christie, superintendent, Marathon County Hospital and Home, Wausau, Wis., recently spoke before the Wausau Rotary Club on the organization of the state institutions for mental diseases.

L. Gertrude DeVine, R. N., who for the past two years has been superintendent of the Mary Sherman Hospital, Sullivan, Ind., was married May 23 to Dr. Paul Higbee of that city. They will make their home in Sullivan.

In a recent issue, HOSPITAL MANAGEMENT commented on the number of women who have been honored with the office of association president. To these now must be added the name of Mrs. Kathryn K. Meitzler, R. N., superintendent, Cedars of Lebanon Hospital, Los Angeles, who is president of the Hospital Council of Southern California.

After 19 years' service as superintendent of John N. Norton Memorial Infirmary, Louisville, Ky., Alice M. Gagg, R. N., has resigned effective July 1. This institution a few months ago opened its new 100-bed addition, the forerunner of a complete modern plant. This was described in May HOSPITAL MANAGEMENT. Miss Gagg has been actively interested in nursing as well as in hospital administration and for many years was a member of the Kentucky board of nurse examiners. She has been a member of the American Hospital Association since 1913 and served one year as a vice-president. She plans to go to California for an indefinite stay on the first real vacation in many years.

Florence Wilson, formerly superintendent of the Chiles Hospital, Mt. Sterling, Ky., recently became superintendent of the Massie Memorial Hospital, Paris, Ky.

Anna Evrard of Louisville has succeeded Allene Browne as superintendent of the Lincoln County Memorial Hospital.

Margaret Burke is the new superintendent of People's Hospital, Independence, Ia., and Loretta Leyden assistant.

More Articles for Local Papers

Hospitals in many parts of the country are using these newspaper articles. If you have not made use of them, begin now. Copy the articles, filling in names, etc., as indicated. Send a copy to every paper in the area from which your patients come. Typewrite double spaced on one side of the sheet. Newspapers make no charge for material of this kind, and many editors will be glad to get such news. Don't forget publications of clubs, churches and other organizations. Send "Hospital Management" clippings of articles which have been published.

Vacation Good Time to Check Child's Health

(For week of June 13)

Vacation plans are occupying the thoughts of a number of the personnel of Hospital,, superintendent, said today. As usual, the employes and attaches will take their holidays according to a staggered plan which will leave a sufficient corps in the institution to take care of normal service demands. These people will have their vacations when those who take their holidays first return.

Summer usually is a period of little activity in the hospital, owing to the fact that the doctors take their vacations at this time, and patients whose conditions permit them to select the time of their hospitalization also prefer to wait until cooler weather before entering the hospital.

"But some hospitals report that they notice an increase in demands for certain types of service in the vacation period," said the superintendent. "These demands are for treatment of children. With health campaigns, health service in schools, and a growing appreciation on the part of the public of the value of preventive work, it is no wonder that more parents seek the aid of their family physician to have youngsters given a thorough physical examination during vacation. When this is done in the summer time, the child may undergo treatment, if necessary, for several weeks without losing time from school, and this treatment also makes the child fit and eager when classes are resumed."

The hospital authorities reported one instance of a lad who suddenly began to lose interest in his school work and to become listless, narrowly escaping failure for the year. Finally the family physician was called in and an examination disclosed that the boy had bumped his head while at play, about a month earlier, but had paid no attention to the bump, which produced a

slight concussion. Simple treatment brought immediate response, and when the boy re-entered school in the fall he resumed his former high interest and activity and quickly regained his place among the leading pupils of his class.

Hospital Expects Increase in Auto Accidents

(For week of June 20)

The Hospital is preparing for increased demands on its first aid service, now that summer is with us, according to a statement by, superintendent, yesterday. With school out, and with many adults on vacations, there usually is an increase in accidents, especially those due to traffic and automobiles. In recent years, according to the superintendent, the automobile has become a serious problem to many hospitals because of the rapid increase in accidents, a large number of which involve people unable to pay for hospital care.

"Do you know what happens when a patient, badly injured, seeks attention here at the hospital and is unable to pay?" asked the superintendent. "We render first aid and such other service as may be required. But we also try to obtain payment, because the hospital depends on receipts from patients for its existence. If the patient doesn't pay, and his care requires X-ray, laboratory tests, bandages, splints, as well as a great amount of medical service and nursing, what is to be done? Who is to pay? Usually the failure to pay is represented by a hospital deficit at the end of the year, and this deficit must be paid by friends of the hospital or by the community at large in the form of various donations."

According to (superintendent's name), the hospitals of the country lose something like \$10,000,000 a year through the failure of

injured patients to pay for service necessitated by automobile accidents. Sometimes the patients are from other states; many times they have nothing but the second-hand car they are buying on time, and yet the hospital, in the spirit of humanity, must admit them and render all needed service. Sometimes an injured patient will remain for three weeks; even longer.

In about a half dozen states the legislatures have taken notice of this plight of the hospitals and have passed laws which give hospitals a lien on any damages awarded patients injured in automobile accidents and treated by the hospital, according to (superintendent's name).

School for Hospital Workers May Come

(For week of June 27)

If present agitation is successful, this country soon may have a new kind of a school, according to, superintendent of Hospital. That institution will be a school for hospital executives. The idea of such a school is not a new one, but hospital superintendents in different parts of the country have shown renewed interest in the proposal, owing, in part, to the attention given this subject by "Hospital Management," Chicago, a publication devoted to the problems of hospital workers. Within a short time suggestions for plans for such a school have brought numerous indications of interest and promises of cooperation.

"Perhaps one reason why there is not a school for hospital executives," commented (superintendent's name), "is that managing a hospital is such a complex job. The hospital superintendent is manager of a building or group of buildings which must be maintained and operated, and he or she also has most of the problems

of a hotel manager. Then, most hospitals house a large number of workers, and some 2,000 have nurses, interns, and other students, so the hospital manager also is an administrator of a boarding school or college. And yet I haven't mentioned the most important work of the hospital, which is the care of the sick and injured. The management of the professional service of the hospital is quite a task in itself, yet it is only one phase of the hospital superintendent's daily routine."

According to the superintendent, with no school available, would-be superintendents are trained by actual experience, frequently coming up through the ranks. Such journals as "Hospital Management" and the educational efforts of associations constitute the most important theoretical training.

Big Increase in Hospital's Free Work

(For week of July 4)

Former Governor Alfred E. Smith of New York recently told a group of eastern business men who serve as trustees of hospitals that he felt that a portion of funds raised for relief of the unemployed should be given to hospitals to help them meet the great and increasing burdens of caring for workers and their families who are unable to pay for hospital care. This same idea has been suggested at conventions of hospital executives, at which a major topic has been ways and means of obtaining funds to care for the growing numbers of worthy poor patients. Some hospital superintendents believe, according to, superintendent of Hospital, that one of the results of the present economic situation will be a much more sympathetic attitude on the part of cities, counties, and states in the matter of helping hospitals conducted by charitable or benevolent associations to carry on their work for poor patients.

"Only yesterday we heard from a large hospital which reported a 20 per cent increase in the amount of free service since 1929, because of excessive demands for care by people, many of whom in former years were able to finance their hospitalization, in part, at least," added (superintendent's name). "This increase reflects the position of many other hospitals as far as demands for free service are concerned. It must be remembered that only a very few hospitals are operated for profit, that is, they are financed by individuals who seek a return on the investment. The vast majority of

hospitals are non-profit in organization and they have no resources, for the most part, except that which comes from patients. So the huge increase in patients unable to pay is creating a serious situation and it is encouraging to see that men in public life, such as former Governor Smith, are recognizing the plight of the hospitals."

"Let's Act on the Known Facts!" Is A. H. A. 1932 Keynote

THE 1932 convention of the American Hospital Association, Detroit, September 12-15, will be unique in several ways, according to Paul H. Fesler, superintendent, Wesley Memorial Hospital, Chicago, who as president of the A. H. A. has much to do with the general form of the program. One of the most interesting innovations announced by Mr. Fesler is the introduction of a keynote, which will sound the theme of the conference and at the same time emphasize to all hospital executives what leaders in the field think should receive immediate attention by every hospital.

"Let's act on the known facts!"

This has been suggested by Mr. Fesler as the keynote of the convention, and it is expected that this slogan will be displayed in all advance notices of the convention, in the daily bulletin, and in each of the meeting halls, as well as stressed in the various section programs.

"The hospital field recently has been given a number of important facts concerning health and activities closely relating to the general health of the public," explained President Fesler. "What will the hospitals do with these facts? They have been determined after long and careful study, after considerable expense, and since many of these facts direct-

At all times, concluded (superintendent's name), patients able to pay ought to pay for hospital care, just as they pay for groceries, clothing, or other necessities. At this time, when hospitals are so hard hit, it is essential that hospitals more carefully than ever conserve what donations for care of worthy poor they may receive.

ly concern hospitals, let's act on them!

"So, 'let's act on the known facts' has been chosen as the keynote of the convention. The various meetings and sections will take up certain phases of the facts which have been disclosed by the studies of the Committee on the Costs of Medical Care, the Grading Committee, and the White House Conference, as well as pertinent information developed recently by other organizations, and an effort will be made to show how these facts apply to every hospital and how the findings should be acted on."

Besides those facts relating purely to health, some other facts of great importance to the American Hospital Association and to all hospitals also will be presented at Detroit through a committee on plan and scope of the A. H. A., of which Dr. S. S. Goldwater, New York, is chairman. This committee is studying the history of the association and its accomplishments, and the report is expected to present a program for orderly development of service to individual hospitals and executives, and expansion of the A. H. A. This report should be of direct interest to all activity connected with hospital administration, Mr. Fesler believes, and its presentation has been allotted to the meeting of the trustees' section.

Nursing facts, developed by the Grading Committee, will be presented at the nursing section, Mr. Fesler says, and findings of the Committee on the Costs of Medical Care will be discussed and interpreted from the hospital standpoint at a general meeting. The White House Conference findings, as they relate to hospitals, will be the theme of the social service section.

Mr. Fesler also hopes to present various committee reports, such as construction, food service, etc., as the main topic of the sections devoted to these subjects.



\$225,000 Residence Houses 133 Nurses for Miller Hospital

New Home Finishes Construction Program
of St. Paul Institution; Why Single Rooms
With Lavatories Were Provided

By PETER D. WARD, M. D., and CLARENCE H. JOHNSTON

REALIZATION of the completion of the building program of The Charles T. Miller Hospital, Incorporated, was accomplished through the philanthropy of the board members and friends of the hospital, when its new \$225,000 nurses' home was recently completed and occupied.

The building, which is located on a beautiful site of hospital property facing Summit Avenue, is "L" shaped, the long arm of the "L" extending northward from the main hospital buildings. The structure is six stories high, exclusive of the basement. It is fireproof throughout and is constructed of reinforced concrete and finished in colored Colonel brick, with base, belt courses and cornices of Indiana limestone, architecturally harmonizing with the other hospital buildings. All floors and stairways are of a warm, attractively designed terrazzo. There is one automatic, self-leveling elevator.

The home has dormitory accommodations for 133 nurses, as well as the necessary recreational and school requirements, in addition to dining room and cafeteria, laundry and ample storage space.

In the planning and construction of the building the main features stressed were comfort and attractiveness combined with practicability and a moderate construction and maintenance cost.

MAIN FLOOR

The front entrance, which is of a beautiful architecture resembling that of the hospital, enters onto the main floor. Immediately on either side of the entrance is a small, attractively furnished reception room where the student nurse may receive callers. Adjacent to the reception room on the left is the office, with an adjoining common room. Here are the central clock, individual mail boxes, keyboard, buzzer signal system, information desk, two private telephone booths and main bulletin board. Op-

posite the office and adjacent to the reception room on the right of the main entrance is an attractively furnished sitting room for the use of graduate nurses.

The most beautiful feature of this floor, however, is the students' main lounge, a large room situated in the north end of the main corridor. Here the floor is entirely covered with a rich, warm prune colored carpet. Coffee tables stand before two large day-ports, which are placed against the wall on either side of the entrance. Directly opposite the entrance is a large open fireplace, over which is a large mirror, and in front, on either side, facing each other, are two love seats, with end tables and lamps. Grouped elsewhere about the room are a number of comfortable odd chairs, the fabric upholstery of which places them in keeping with the spirit of the room. There are also sufficient small tables, several with lamps, and a number of floor lamps; adding a very great deal to the room are the grand piano and the radio. The well arranged modern furniture and the perfectly harmonized colorings in the furniture coverings, carpeting, draperies, pictures and wall decorations make this room most attractive, homelike and of charming simplicity.

The reference library is a spacious

room with built-in bookcases in either end, with a capacity of some one thousand volumes, and furnished with a large, attractive Colonial reading table, eight Windsor chairs, as well as two large lounging chairs, floor lamps and a hooked rug in an old type of pattern.

Located on this floor also is the suite of the superintendent of nurses, which consists of a living room, two bedrooms with connecting bath, and a kitchenette. There are, in addition to this seven rooms, three with private baths, and four having one bath for each two rooms. These latter rooms are used to house faculty members, and they and the suite of the superintendent of nurses are separated from the recreational center by French doors placed in the corridor.

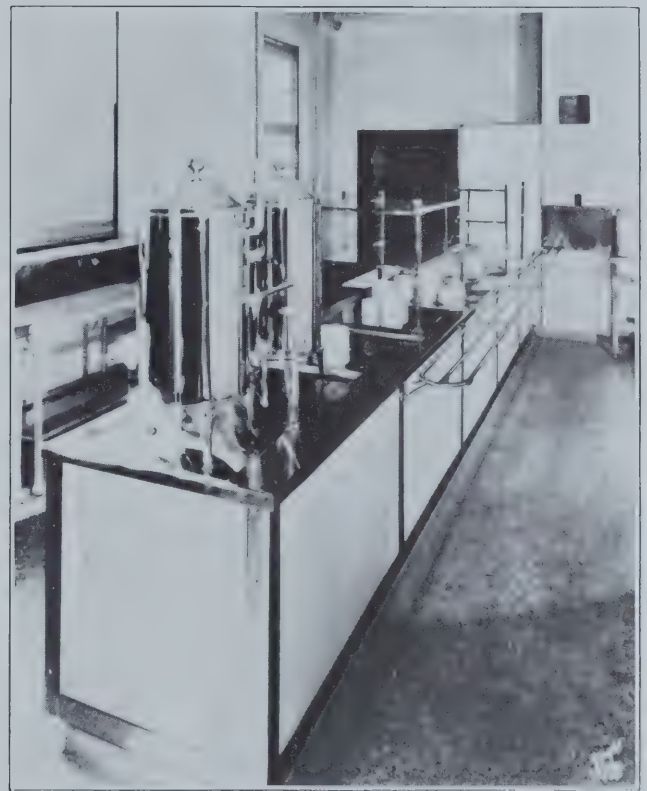
A small well equipped kitchenette is maintained on this floor for the use of those housed there, as well as for teas and parties.

GROUND FLOOR

On the ground floor are the classrooms, demonstration rooms, utility rooms, instructress' office, dietetic laboratory, main dining room, staff dining room and cafeteria. The large classroom and the small classroom, adequately equipped and furnished, accommodate 120 and 40 students, respectively. The spacious demonstration room has an adjoining utility



Dr. Ward is superintendent, The Charles T. Miller Hospital, Inc., St. Paul, and Mr. Johnston was architect for the nurses' residence described.



Some glimpses into the new nurses' home of The Charles T. Miller Hospital. At the top, left, a student nurse's room, at right, the dining room. Below at the left is a view of the library and at the left the equipment in the cafeteria. An exterior view of the home is shown on the opposite page.

room equipped similar to those in the hospital, and a large shelved closet for prepared trays, etc. The dietetic laboratory is equipped for twelve students.

No basic science laboratory is necessary, as this work is carried on at the university, as the students form part of the University of Minnesota Central School of Nursing.

DORMITORY FLOOR

The dormitory floors, third to sixth inclusive, are identical. Therefore, with the accompanying floor plan a

brief description will suffice, except for some details of the different rooms.

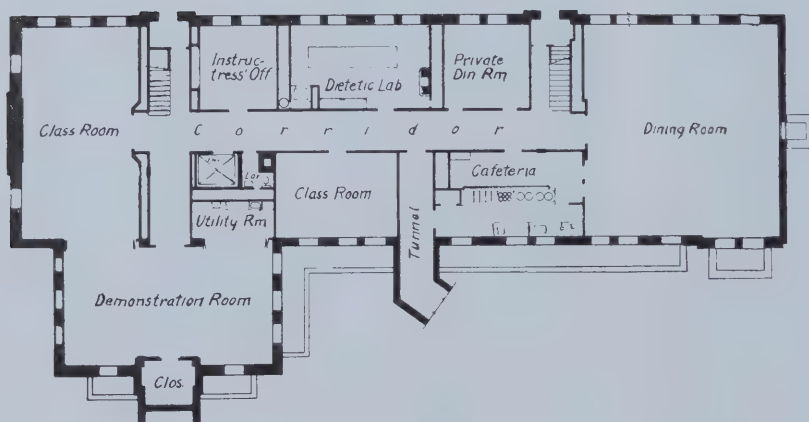
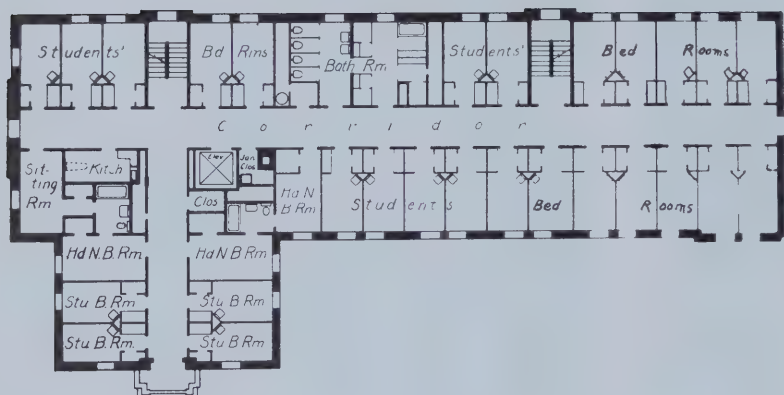
Each floor has 30 individual bedrooms, 27 for students and three for graduate nurses, lavatory and toilets, sitting room, kitchenette and sufficient closet space.

Each student's room has a built-in dresser, a clothes closet, and a lavatory above which is built in a medicine cabinet with mirror. There are in each room a single bed, night stand, lounging chair, desk table and

chair, floor lamp and rug. There are two other light fixtures besides the lamp, the indirect ceiling light and a bracket light over the built-in dresser.

The bedrooms are all arranged, equipped and furnished to create a restful, homelike atmosphere and all pieces of furniture were selected with a view of beauty, comfort and utility.

In order to maintain the nurses' right to absolute privacy on each dormitory floor a small sitting room is provided, where a group may congregate. This room is furnished with a



At the top is the first floor plan of the home, in the center, the plan of the third, fourth and fifth floors and below the ground floor plan.

rug, upholstered lounging chairs, desk table and radio speaker. Adjoining this room is a kitchenette equipped with cupboards, gas hot plate, combination laundry tray and sink and an ironing board.

Two of the three bedrooms for the graduate nurses have a connecting bath and one a private bath. These rooms are located at the junction of the arm of the "L" on either side of the corridor.

The spacious common lavatory and

adjoining toilet rooms on each dormitory floor provides two wash basins, four toilets, three showers and a tub. Beautiful tan colored Mankato marble partitions, extending from floor to ceiling divide the different spaces and also form a four foot wainscot around the remainder of the room. Freely accessible pipe shafts on each floor carry the plumbing to the basement.

TUNNEL CONNECTION

Leading from the ground floor is a tunnel passing underground and

connecting the home to the hospital. This provides a protected passageway for the residents of the home, and also serves to convey prepared food from the main hospital kitchen to the cafeteria in the home. Joining the basement floors of the home and the power plant and laundry is another underground tunnel through which are run the heating and power service lines and through which is brought the laundry, as well as other supplies. The basement floor provides a large trunk room, ample storage space; laundry containing four tubs, two ironing boards, and a dryer and a soiled linen room.

GENERAL COMMENTS

There are diverse opinions on some of the features in this type of construction; however, we realize that there is no definite standard that is applicable to all and that the character of the school depends on its future, location, environment, and internal management, to determine the type of building that is most satisfactory.

Many conflicting ideas as to the advisability of single or double rooms are prevalent. Some authorities contend, although it has been reiterated time and again, that double rooms are more advantageous because the cost of maintenance is less, as well as a means to reduce the construction cost. Also, it is maintained that many girls like a roommate, being happier than if left alone. These arguments are not altogether sound. The original expenditure in constructing double rooms is less, but the cost of maintenance is more, because to maintain discipline more supervision is required. The sense of responsibility and property ownership is not readily inculcated. Intimate friendships among young women in many instances have been broken permanently that perhaps would not have occurred if individual bed rooms were provided. A promising student frequently will suffer from the attitude of a dilatory or less studious companion rather than being impressed by the accomplishment or sincerity of her roommate, because many young women who are intimate friends are quite different in individual traits and personality. Therefore, it was deemed advisable and desirable to have single rooms.

Again, some authorities advise against the installation of lavatories in the rooms, as this invites the student to do laundry work in her room, also, that it adds to the cost of construction. To offset the temptation of the nurse doing laundry work in her room there is provided on each floor,

in conjunction with the kitchenette, a small laundry, in addition to the large laundry in the basement.

As to the cost of construction, one must not overlook the fact that no extra space is needed for this fixture in the room, whereas a rather large room is required to provide a battery of lavatories and dental receptacles. It is obvious that the cost of this room would approximate the expense of the extra fixtures and plumbing installation. Furthermore, here again the sense of responsibility can be more definitely placed because the student is more likely to take better care of

her room than of a lavatory in common use. This develops in a saving in maintenance.

We feel that this building will meet our needs adequately for the time being and we hope the opportunities offered to our students will enable them to attain their ambition with greater ease and comfort and that they in return will contribute a quality of service that is outstanding and of the highest type of professional attainments.

The appreciation displayed by the nurses for their new home has been extremely gratifying.

What Should Be Included in Annual Report of a Hospital?

WHAT should be contained in the annual report of a hospital?

The following information is the answer to the question by St. Mary's Hospital, Brooklyn, N. Y. This report is intended for perusal by the public, but at the same time it contains a great deal of information of interest to other hospital executives and its publication in these columns not only serves to show readers what one hospital considers valuable in an annual report, but it also gives readers definite facts concerning the work of the hospital:

Saint Mary's Hospital, non-sectarian, located at Saint Marks and Buffalo Avenues, Brooklyn, N. Y., conducted by Sisters of Charity, was founded October 18, 1879, incorporated June 12, 1882, opened for patients December 17, 1882, 50 years ago.

The hospital is well equipped with facilities that go to the making up of a modern hospital, having three operating rooms, where, in 1931, 2,794 operations were performed. The hospital has modern X-ray, fluoroscopic and deep X-ray departments. Last year 6,324 films were used for house and dispensary patients, and 248 patients received 804 deep X-ray treatments. With 110 milligrams of radium, valued at \$6,000, 81 radium treatments were given last year in Saint Mary's and various other hospitals in Brooklyn.

The pathological, bacteriological and serological laboratories, with two doctors and three technicians, made 30,483 tests.

The hospital of 290 beds, including 42 bassinets, has accommodations for 308 patients. There are two ambulances and a commercial truck, with a staff of four chauffeurs.

Saint Mary's Hospital School of Nursing, organized in 1889, is the first registered Catholic School of Nursing in the United States. Shevlin Hall, a T-shaped building, the home for nurses, with accommodations for 160, is a modern, fire-proof building with neatly furnished rooms and baths; a large, attractive reception room on the main floor; two libraries; a large combination gymnasium and auditorium with a tastefully arranged radio

corner; sewing room; four sun parlors, and a tiled, well lighted roof garden where the nurses hold receptions and dances.

In 1931, 42 nurses were graduated, the largest class on record. In the first class of 1891, 7 nurses were graduated. Including the class of 1932, a total of 739 nurses were graduated from Saint Mary's Hospital School of Nursing since its inception. At present there are 30 seniors, 25 intermediates, 22 juniors and 31 probationers in the School of Nursing.

Special duty nurses were required by patients last year for 7,338 days and nights and earned \$51,366.

The out-patient department was opened two and one-half years ago for the care of those who cannot pay and for those who cannot afford the service of a private doctor. This well-arranged department, together with large wards in the hospital, not only enables the institution to offer its facilities to the needy poor and thus carry out the main idea for which it is formed, namely, the care of the sick, but also helps the hospital staff materially. The clinics in every department of medicine and surgery encourage the doctor to continue the study of his medical problems, which is necessary to keep abreast of the times. We know that much good results from the contacts of this type of patient by the follow-up visits of the social service workers.

The social service workers made 2,342 visits to 772 hospital patients and 489 out-patients. In other words, a complete check-up on 1,261 patients. Seven hundred sixty-seven social service interviews were held in the out-patient department. Three thousand eight follow-up cards and 795 letters were mailed to patients. Convalescent care was arranged for 219 patients, and 57 patients received temporary child placement.

The hospital has accommodations for 153 ward patients, 37 private room patients, 32 private ward patients, 26 semi-private room patients, and 42 new-born patients, where last year 1,986 male, 3,204 female, 449 new-born male and 430 new-born female patients were admitted.

The rate of occupancy in 1931 was 71 per cent, 75,806 days' treatment. The average daily admissions were 16 and 17.

The maximum census was 235 patients on August 13, and the minimum 139 on September 25, 1931. The average daily

census was 189, while the average days' stay was 12.

Sixteen thousand, three hundred sixty-five visits were made by doctors during the year, or 45 doctors' visits a day. In the out-patient department the doctors made 3,108 visits, or 10 a day (working days); 16,607 visits and 25,525 re-visits were made by patients in the out-patient department—a total of 42,132 visits; 3,695 patients could not afford to pay 25 cents or 50 cents.

The hospital death rate was 5 per cent, or 320 deaths. Fourteen per cent of this number were autopsied, or a total of 46. Sixty-three deaths occurred within 24 hours after admission.

One hundred fifty-one patients were in the hospital on January 1, 1931; 6,069 were admitted, of whom 4,869 were Catholics, 355 Hebrews and 845 Protestants. A total of 6,220 patients were treated during the year, and after discharging 6,042, 178 were in the hospital January 1, 1932. Of these, 1,412 paid full rates and received 17,762 days' treatment; 1,891 paid part rates and received 19,194 days' treatment, and 2,766 were unable to pay anything but received 28,750 days' treatment. Of the latter, 1,576 patients, or 22,625 days, were paid for by the City of New York, while 1,267 patients received 15,970 absolutely free days.

Five thousand, one hundred twenty-four ambulance calls were answered during 1931, with the following results: 78 per cent of the calls were "treated and not removed" and "other dispositions"; 7 per cent taken to public hospitals; 13 per cent to Saint Mary's Hospital, and 2 per cent to private hospitals, transferred and "died on arrival." With the purchase of a new Cadillac ambulance, which is not yet maintained by the city, the total cost of this service was \$21,859.17, the total income being \$10,065, showing a deficit of \$11,794.17.

There are ten doctors on the intern staff, two dental interns and one affiliating for obstetrics, making a total of 13 interns. There are six graduate nurses taking a three months' post-graduate course in obstetrics.

The daily per capita cost of patients is as follows:

Private room patients.....	\$11.01
Semi-private and private ward....	7.93
Ward patients	5.14
Net for all patients.....	5.44

During 1931 the percentage of medical work based on the amount of work that could be done was 53 per cent; surgical, 98 per cent; obstetrics, 75 per cent; pediatrics, 45 per cent, and new-borns, 65 per cent.

Private rooms were occupied 63 per cent; semi-private, 62 per cent; private wards, 62 per cent; general wards, 80 per cent, and bassinets, 65 per cent.

The hospital is equipped to handle the following per year:

	Treatment, days
153 ward patients	55,845
32 private ward patients.....	11,680
26 semi-private room patients..	9,490
37 private room patients.....	13,305
42 bassinets	15,350
290	105,670

This is the Golden Jubilee year of the hospital and since a "Baby Party Day" for all babies born at Saint Mary's was inaugurated on May 12, 1930, a large celebration is anticipated for a day in June this year on the spacious lawns of the hospital.

Linen Shortage, Hoarding Minimized At Michael Reese Hospital

Difficulties and Complaints Overcome
and Amount of Linen in Service
Reduced as Result of Unique System

By EMILY GOULD and O. N. AUER

MICHAEL REESE HOSPITAL for some time past has had in effect a rather unusual method of supplying linen to floors and departments, and since this method has resulted in general satisfaction to personnel and patients and has materially cut the number of pieces of linen in circulation, a brief description may be of general interest.

The following is an outline of the reasons that led up to the establishment of the present linen distribution plan and a description of the plan:

For some time regular and frequent complaints had been made by supervisors in various divisions to the effect that the linen supply was inadequate and that linen was not available when needed. The school of nursing office and linen room were constantly besieged with requests for extra linen, and from time to time it was necessary to add to the circulating supply to meet an emergency. There was much loss of time of supervisors, school of nursing office personnel, orderlies and linen room workers, trying to fill special orders. The supervisors, feeling that they would not receive the full amount of the requisition, usually increased demands above actual needs. The linen room distributed linen piece-meal throughout the day to try to conserve the supply so that all divisions would eventually receive an equal share. Linen was hoarded on the floors because of fear of shortage, resulting in large quantities of linen being kept out of use and out of circulation. No one seemed to know accurately how much linen was necessary to supply the hospital.

In attempting to remedy the situation it was decided to determine as accurately as possible the amount of linen necessary for the hospital. The patients to be served included those

that occupied moderately priced private rooms, private wards and general wards, and it was assumed that their needs should be supplied on an equal basis. Patients are segregated according to service, that is medical, surgical and obstetrical.

The linen problem did not affect Meyer House, a pavilion containing higher priced rooms.

The linen needs of each division were analyzed separately and tabulated in writing, and a standard amount of linen necessary to equip the beds, if completely occupied, was established. The method of analysis is shown by the following results of the survey of one division of each service. In making this analysis several important points were kept in mind:

- (1) An adequate supply of linen must be available when needed.
- (2) With too large a supply of linen the hospital suffers a two-fold loss: the larger investment necessary and the amount of theft which is inevitable.
- (3) Excess supplies of linen foster wastefulness.
- (4) The large amount of time required in obtaining emergency orders and inconvenience to patients and nurses must be eliminated.

Three typical divisions were analyzed as follows:

5th floor medical: 42 beds private room and private ward; 44 beds general wards—86 beds total.

4th floor surgical: 29 beds private room and private ward; 70 beds general ward—99 total.

3rd floor maternity: 32 beds private room and private ward; 36 beds general ward—68 total.

Grand total, 253 beds.

To equip every bed, it was decided that each of the above divisions needed:

	5th fl. beds	4th fl. beds	3rd fl. beds	Total beds
2 large sheets..	172	198	136	506
1 draw sheet..	86	99	68	253
2 1/2 pillow cases	215	248	170	633
1 spread	86	99	68	253
1 bath towel..	86	99	68	253
1 face towel..	86	93	68	253
2 wash cloths.	172	198	136	506
2 bath blankets	172	198	136	506

The inventory in each division on

pillows, was 2 1/2 per bed and therefore an extra amount of pillow cases is provided in both equipment and emergency supply.

Daily exchange per bed for maximum occupancy was decided as follows:

	5th fl.	4th fl.	3rd fl.	Total
1 large sheet..	86	99	68	253.
1 draw sheet..	86	99	68	253
1 1/2 pillow case	129	149	102	380
1 spread	86	99	68	253
1 bath towel..	86	99	68	253.
1 face towel..	86	99	68	253.
1 wash cloth..	86	99	68	253

The average number of discharges on each division was estimated from the ratio between average stay and bed capacity. This was as follows:

5th floor medical, 8 discharges daily.

4th floor surgical, 10 discharges daily.

3rd floor maternity, 5 discharges daily.

No bed linen is knowingly changed the day of discharge of a patient. It is assumed that in 50 per cent of all medical and surgical cases and in 100 per cent of maternity cases the supervisor knows when the patient is to be discharged. In such instances the regular daily exchange is saved, and a deduction is made in the amount of linen issued to make up the bed after the patient goes home in accordance with the schedule published on page 38.

So much for the regular supply needed. There are always emergencies arising requiring extra linen. These come largely under the following headings:

SURGICAL PATIENTS

Ether beds.
Post-operative bleeding.
Drainage cases.
Excessive perspiration.
Vomiting.
Incontinence.
Food accidents.

MEDICAL PATIENTS

Excessive perspiration.
Incontinence.
Food accidents.
Extra pillows.
Special treatments.

MATERNITY PATIENTS

Hemorrhages.

Miss Gould is a supervisor at Michael Reese Hospital, Chicago, and Mr. Auer, former assistant to the director of Michael Reese Hospital, now is superintendent of Monmouth Memorial Hospital, Long Branch, N. J.



"A portion of the linen closet space was set aside with special doors which were locked and the key placed in the keeping of the supervisor, not available to floor or special nurses. As a result of this plan a sufficient amount of linen was assured for the regular change of beds and the emergency supply was available at all times."

After considerable study and consultation with several experienced supervisors, the following quotas were set up to cover such emergencies for each ten patients for twenty-four hours:

	Needed for each 10 patients each 24 hours			5th fl.	4th fl.	3rd fl.	Total
	Surgical	Medical	Maternity	Medical 86 beds	Surgical 99 beds	Maternity 68 beds	
Large sheets..	3	3	..	26	30	..	56
Draw sheets..	4	4	2	34	40	14	88
Pillow cases..	4	5	..	43	40	..	83
Face towels..	2	4	..	34	20	..	54
Spreads	1	2	..	17	10	..	27
Bath blankets..	2	2	..	17	20	..	37
Bath towels..	1	4	..	34	10	..	44

Fewer emergencies in the maternity division explain the smaller emergency supply.

On the foregoing basis, the following total estimate of the amount of bed linen required for the 253 beds in the three divisions was arrived at:

	Av. No. of Pieces in Cir- culation per Bed	
Large sheets...	847	3.3+
Draw sheets...	589	2.2+
Pillow cases...	1142	4.5+
Spreads	556	2.2+

Bath towels...	573	2.2+
Face towels....	583	2.2+
Wash cloths...	805	3.1+
Bath blankets..	589	2.2+

While the analysis of the bed linen requirements for patients was made, an estimate of the amount of linen to

be issued to the labor rooms was decided. This estimate was determined in a conference with the labor room supervisor and members of the medical staff and the following quota established as necessary for each delivery:

- 10 large sheets.
- 4 draw sheets.
- 7 pillow cases.
- 1 bath towel.
- 2 face towels.
- 2 wash cloths.
- 3 bath blankets.

The labor rooms were issued an

amount of linen sufficient to bring their inventory up to a point where they could handle the maximum number of deliveries in twenty-four hours. After this the only procedure necessary is to notify the linen room each morning of the number of deliveries during the preceding twenty-four hours and then the labor rooms receive an amount of linen equal to the amount of deliveries times the quota for one delivery. This arrangement has proved very satisfactory.

The next step was to take an inventory of the actual amount of linen in circulation. It was a great surprise to find that with the exception of one or two articles the supply of linen was equal to the amount decided upon as necessary. The conclusion was at once reached that the method of collecting soiled linen and distributing clean linen was inefficient and that somewhere a considerable amount of linen was out of use.

After a discussion with the laundryman, the linen room workers and supervisors, a new plan was put into use. The laundryman stated that all soiled linen which was in the chute by 11:30 a. m., could be washed and returned to the linen room by 4:30 p. m. The earlier he received the soiled linen the earlier he could return it. The supervisors agreed that all beds could be made and all soiled linen could be put in the chute by 11:30 a. m. Floor orderlies were instructed by the supervisors to make hourly rounds of the utility rooms to see that all soiled bags of soiled linen were thrown into the chute. In order to insure enough linen for the laundry to start with in the morning, the night orderly makes rounds and throws the bags down and the night watchman takes sufficient linen to the laundry before 6:00 a. m. for the washers to get out one complete load before the mangle operators arrive.

It was decided to issue the 24-hour supply of linen in two portions: (1) the emergency supply as outlined, and (2) the supply for routine daily change per bed occupied. The emergency supply is distributed to the floors by the linen room orderly at 10:30 a. m., and this supply takes care of emergencies for the twenty-four hour period until 10:30 a. m., the following morning. The routine daily change supply is sent by the linen room to the floor at the linen room's convenience during the day. Carts are held until the supply for each floor is complete, to avoid making more than one trip to the floor.

When the new system was put into

effect a notice was sent to each supervisor explaining the method of computing needs. The quota was determined on the following basis:

All floors except maternity:

Large sheets.....census plus 1/2
 Draw sheets.....census plus 1/2
 Pillow cases.....census plus 3/4
 Spreadscensus plus 1/4*
 Bath towels.....census plus 1/3
 Face towels.....census plus 1/3
 Wash cloths.....census plus 1/5
 Bath blankets.....census plus 1/3

*On regular days when spreads issued.
 1/4census all other days.

On face towels and bath towels the fifth floor is to get census plus 1/2 instead of the regular quota.

MATERNITY

Large sheets.....census plus 1/5
 Draw sheets.....census plus 1/5
 Pillow cases.....census plus 1/10
 Spreadscensus plus 0
 Bath towels.....census plus 0
 Face towels.....double census
 Wash cloths.....census plus 1/5
 Bath blankets.....census plus 1/5

Several days each week after the plan was effective, rounds of the various floor linen closets were made by the equipment supervisor and assistant superintendent, and the working of the scheme discussed with floor supervisors. Some inconsistencies were noted and corrected. Due to fluctuation in types of patients in the division, the amount of linen sometimes was more than needed and the supply accumulated in the linen closets. Thus one division might have an excess of some article, while another division would be short. To avoid this, the supervisor now appoints someone to check the linen supplies each morning, according to the form reproduced elsewhere.

The supply on hand is noted and deducted from the amount which would have been issued by the linen room on the basis of the census. In this manner sufficient linen is available for each division and all linen is kept circulating. When the regular daily linen supply is received on the floor it must be checked by someone

MICHAEL REESE HOSPITAL					
EMERGENCY LINEN ORDER					
Division	4 PW	Census	20	Date	6-10-31
Item	Allowance		On Hand	Need-d	Received
Large sheets	1/2 census	10	3	7	
Draw sheets	1/2 census	10	2	8	
Pillow cases	3/4 census	15	4	11	
Spreads	1/4 census	5	2	3	
Bath towels	1/3 census	7	0	7	
Face towels	1/3 census	7	5	2	
Washcloths	1/5 census	4	3	1	
PNEUMONA JACKETS				4	

435-MTC A. R. Brown SUPERVISOR

Form used to check linen supplies each morning.

appointed by the supervisor to make sure the correct amount is received.

The most important discovery was that when the emergency supply and the regular supply for daily changing of beds were stored together there was not always the correct amount to handle the bed changes. To avoid this difficulty a portion of the linen closet space was set aside with special doors which were locked and the key placed in the keeping of the supervisor, not available to floor or special nurses. A master key for all of these locks was made for the use of the linen room orderly for delivering the supply for the regular bed change. As a result of this plan a sufficient amount of linen for the regular change of beds was assured and the emergency supply was available at all times.

This plan has been in effect for about 20 months, during which time there has been a wide fluctuation in occupancy of beds. With the exception of a very few days when difficulties as outlined were encountered the plan has been highly successful. It has resulted in a reduction in the amount of linen required by the entire hospital, has eliminated unnecessary storing of supplies and has saved a great deal of time of all types of personnel as well as avoiding shortages that were of frequent occurrence previously.

LINEN NEEDED TO MAKE BEDS AFTER PATIENT GOES HOME

	If discharge is known	If discharge is not known	5th fl. 8 discharges 50 Pct. each	4th fl. 10 discharges 50 Pct. each	3rd fl. 5 discharges All known	Total
Large sheets.....	1	2	12	15	5	32
Draw sheets.....	0	1	4	5	0	9
Pillow cases.....	1	2	12	15	5	32
Spreads	1	1	8	10	5	23
Bath towels.....	1	1	8	10	5	23
Face towels.....	1	1	8	10	5	23
Wash cloths.....	2	2	16	20	10	46
Bath blankets.....	2	2	16	20	10	46

This schedule is referred to on page 36.

Gilmore Foundation Is Established

The Eugene S. Gilmore Memorial Foundation has been created by the friends and associates of Mr. Gilmore to perpetuate the memory of him who gave the greater part of his active life to hospital work. For nearly 25 years he was superintendent of Wesley Memorial Hospital. He was also past president of the American Hospital Association and its senior trustee at the time of his death. Mr. Gilmore had many demands made on his time, but was a frequent contributor to the literature on subjects dealing with hospital management and was a member of the editorial board of HOSPITAL MANAGEMENT.

The purpose of the Foundation is to create a fund, the income of which will be used in establishing scholarships for the graduates of Wesley Memorial Hospital School of Nursing. The fund will also provide for a tablet or medallion in the present hospital with provisions made for placing it in the new Wesley Memorial Hospital when that is completed.

Subscriptions are being received by Dr. Mark T. Goldstine, treasurer of the Foundation, at Wesley Memorial Hospital, Chicago.

WEST TEXAS MEETING

E. M. Collier, superintendent, West Texas Baptist Sanitarium, Abilene, was elected president of the Northwest Texas Clinic and Hospital Managers Association at its 1932 convention in Abilene. Other new officers include W. V. Jarratt, San Angelo; A. L. Buster, Stamford; Mrs. Bessie Hollinger, Abilene; Mrs. W. E. Ryan, Midland; Mrs. Ruby Gilbert, Lubbock; Jessie Wilson, Amarillo, and J. H. Felton, Lubbock.

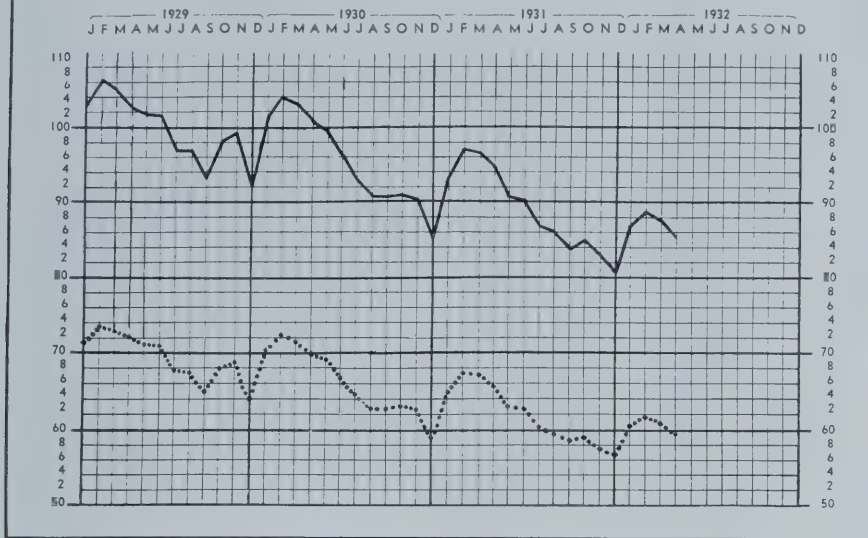
H. R. Fuller, Wichita Falls, presided at the sessions, which were marked by a series of intensely practical discussions. The program began with a round table on "How to Handle a Clinic Patient Before he Reaches the Doctor," Mrs. Hollinger presiding. Ara Davis, superintendent, Scott and White Hospital, Temple, conducted a round-table on administrative problems. Speakers at the different sessions included J. H. Felton; Fred Stroup, business manager, Scott and White Hospital, Temple; Maude Cooze, R. N., president, Texas State League of Nursing Education; Mary Smith, R. N., superintendent, Wichita General Hospital; J. F. Morrison, purchasing agent, West Texas Baptist Sanitarium, Abilene; Eva Wallace, R. N., Clinic Hospital, Wichita Falls; Jessie Wilson, R. N., Northwest Texas Hospital, Amarillo; Brice Twitty, Baylor Hospital, Dallas; Dr. Truman Terrell, Ft. Worth, and A. L. Buster, superintendent, Stamford Sanitarium, Stamford.

CITY HOSPITALS BUSY

More babies were born in the municipal hospitals of New York City in 1931 than in any other year, according to a recent report. The total number of births reported was 15,202 compared with 6,270 in 1922 and 9,602 in 1928.

HOW'S BUSINESS?

A composite picture of the percentage of occupancy in 91 general hospitals located in 87 communities in 35 states, corrected for normal growth.



Here Are Figures From Which Occupancy Chart Was Constructed

THE following figures are the basis of the hospital occupancy chart reproduced at the top of this page. These figures were supplied by 91 general hospitals in 87 communities of 35 states, with a basic bed capacity of 16,922.

The first group of figures represents actual number of beds occupied; the second group, receipts from patients; the third, operating expenses of the hospitals for each month since the "How's Business" graphs were begun, and the fourth, occupancy, using 100 per cent as the base.

TOTAL DAILY AVERAGE PATIENT CENSUS	
November, 1928	11,533
December, 1928	11,040
January, 1929	11,919
February, 1929	12,335
March, 1929	12,253
April, 1929	12,114
May, 1929	11,981
June, 1929	12,025
July, 1929	11,473
August, 1929	11,548
September, 1929	11,157
October, 1929	11,590
November, 1929	11,736
December, 1929	10,977
January, 1930	12,048
February, 1930	12,425
March, 1930	12,408
April, 1930	12,128
May, 1930	12,044
June, 1930	11,601
July, 1930	11,290
August, 1930	10,997
September, 1930	11,015
October, 1930	11,086
November, 1930	11,005
December, 1930	10,524
January, 1931	11,510
February, 1931	11,991
March, 1931	11,970
April, 1931	11,669
May, 1931	11,251
June, 1931	11,187
July, 1931	10,765
August, 1931	10,657
September, 1931	10,409
October, 1931	10,499

November, 1931	10,266
December, 1931	10,145
January, 1932	10,758
February, 1932	11,038
March, 1932	10,888
April, 1932	10,596

RECEIPTS FROM PATIENTS	
November, 1928	\$1,678,735.00
December, 1928	1,736,302.86
January, 1929	1,795,843.79
February, 1929	1,776,040.82
March, 1929	2,024,823.11
April, 1929	1,929,175.70
May, 1929	1,920,982.43
June, 1929	1,874,173.11
July, 1929	1,846,899.32
August, 1929	1,867,706.24
September, 1929	1,772,230.39
October, 1929	1,828,051.39
November, 1929	1,786,036.71
December, 1929	1,737,404.65
January, 1930	1,840,418.05
February, 1930	1,799,080.00
March, 1930	2,003,309.58
April, 1930	1,927,493.30
May, 1930	1,921,523.05
June, 1930	1,817,813.00
July, 1930	1,803,315.00
August, 1930	1,719,634.00
September, 1930	1,700,314.00
October, 1930	1,741,017.00
November, 1930	1,640,374.00
December, 1930	1,687,813.00
January, 1931	1,771,812.00
February, 1931	1,720,474.00
March, 1931	1,881,003.00
April, 1931	1,831,228.00
May, 1931	1,815,096.00
June, 1931	1,743,189.00
July, 1931	1,698,277.00
August, 1931	1,598,869.00
September, 1931	1,555,436.00
October, 1931	1,583,005.00
November, 1931	1,497,948.00
December, 1931	1,521,552.00
January, 1932	1,527,159.00
February, 1932	1,468,059.00
March, 1932	1,574,446.00
April, 1932	1,496,077.00

OPERATING EXPENDITURES	
November, 1928	\$1,936,075.00
December, 1928	2,064,632.41
January, 1929	2,104,552.74
February, 1929	2,007,945.24
March, 1929	2,099,208.11
April, 1929	2,071,386.46
May, 1929	2,064,381.77
June, 1929	2,034,409.13
July, 1929	2,045,112.96
August, 1929	2,068,388.63

September, 1929	2,050,510.38
October, 1929	2,079,042.06
November, 1929	2,091,089.31
December, 1929	2,127,053.36
January, 1930	2,190,909.95
February, 1930	2,067,112.17
March, 1930	2,120,861.86
April, 1930	2,064,328.56
May, 1930	2,102,407.49
June, 1930	2,027,258.00
July, 1930	2,038,042.00
August, 1930	1,985,045.00
September, 1930	2,079,154.00
October, 1930	2,033,163.00
November, 1930	2,003,297.00
December, 1930	2,031,148.00
January, 1931	2,058,681.00
February, 1931	1,963,391.00
March, 1931	2,026,363.00
April, 1931	1,976,430.00
May, 1931	1,967,866.00
June, 1931	1,932,832.00
July, 1931	1,925,156.00
August, 1931	1,870,985.00
September, 1931	1,890,891.00
October, 1931	1,885,424.00
November, 1931	1,829,539.00
December, 1931	1,849,887.00
January, 1932	1,806,279.00
February, 1932	1,763,572.00
March, 1932	1,762,657.00
April, 1932	1,733,486.00

AVERAGE OCCUPANCY ON 100 PER CENT BASIS	
November, 1928	69.6
December, 1928	66.5
January, 1929	71.6
February, 1929	73.8
March, 1929	73.2
April, 1929	72.2
May, 1929	71.2
June, 1929	71.3
July, 1929	67.8
August, 1929	67.5
September, 1929	65.0
October, 1929	68.0
November, 1929	68.6
December, 1929	64.0
January, 1930	70.1
February, 1930	72.1
March, 1930	71.3
April, 1930	70.0
May, 1930	69.4
June, 1930	66.6
July, 1930	64.7
August, 1930	62.7
September, 1930	62.3
October, 1930	62.9
November, 1930	62.4
December, 1930	59.1
January, 1931	64.9
February, 1931	67.5
March, 1931	67.2
April, 1931	65.8
May, 1931	63.0
June, 1931	62.6
July, 1931	60.3
August, 1931	59.7
September, 1931	58.3
October, 1931	59.0
November, 1931	57.5
December, 1931	56.8
January, 1932	60.2
February, 1932	61.8
March, 1932	61.0
April, 1932	59.3

CLEVELAND HOUSEKEEPERS

The May meeting of the Cleveland Chapter, Housekeepers' Association, was held May 10 at Wade Park Manor, Mrs. Agnes Storz being hostess. Mrs. Frey, president, announced she had a letter of resignation from Mrs. B. R. Martin, treasurer. It was moved by Mrs. Ware, Akron, seconded by Mrs. Rose to have Mrs. Frey use her influence on Mrs. Martin to retain the office until the end of the business year.

The speakers, A. B. Beitman and Mr. Snyder, gave a talk and demonstration on cleaning upholstery furniture. The cleaner used has been on the market for 35 years and in use by a majority of railroads. Mr. Beitman is developing a carpet cleaning machine.

A round table talk took place. Another subject was the summer meeting of the Ohio State Association at Cedar Point July 16. The entertainment committee appointed consists of Miss R. A. Lance, Mayflower Hotel, Mrs. Thorpe, University Club, Cleveland, and Mrs. Agnes Storz, Wade Park Manor.

HOSPITAL MANAGEMENT

A Practical Journal of Administration

Published on the Fifteenth of Every Month by
CRAIN PUBLISHING COMPANY
(Not Incorporated)

537 SOUTH DEARBORN STREET, CHICAGO
Telephones—HARRISON 7504-7505
NEW YORK OFFICE, GRAYBAR BUILDING
Telephone—LEXINGTON 1572

Vol. XXXIII

JUNE 15, 1932

No. 6

G. D. CRAIN, JR.
President.

KENNETH C. CRAIN,
General Manager.

MATTHEW O. FOLEY, Editorial Director.

THE EDITORIAL BOARD

ASA S. BACON, superintendent, Presbyterian Hospital, Chicago.

CLARENCE H. BAUM, superintendent, Lake View Hospital, Danville, Ill.

H. E. BISHOP, superintendent, Packer Hospital, Sayre, Pa.

EDGAR A. BOCKOCK, M. D., superintendent, Gallinger Municipal Hospital, Washington, D. C.

FRED S. CLINTON, M. D., F. A. C. S., honorary life president, The Oklahoma Hospital Assn., Tulsa.

E. R. CREW, M. D., superintendent, Miami Valley Hospital, Dayton, O.

C. J. CUMMINGS, superintendent, Tacoma General Hospital, Tacoma, Washington.

N. E. DAVIS, corresponding secretary, Methodist Board of Hospitals and Homes, Columbus, O.

PAUL H. FESLER, superintendent, Wesley Memorial Hospital, Chicago.

REV. H. L. FRITSCHEL, superintendent, Milwaukee Hospital, Milwaukee, Wis.

ALICE M. GAGGS, R. N., superintendent, Norton Memorial Infirmary, Louisville, Ky.

MISS HARRIET S. HARTY, superintendent, St. Barnabas Hospital, Minneapolis, Minn.

M. T. MACLEACHERN, M. D., associate director, American College of Surgeons, Chicago.

MRS. MARGARET D. MARLOWE, chief dietitian, Methodist Episcopal Hospital, Indianapolis.

ELMER E. MATTHEWS, superintendent, Wilkes-Barre City Hospital, Wilkes-Barre, Pa.

A. J. McRAE, M. D., Miami, Fla.

T. T. MURRAY, superintendent, Memorial Hospital, Albany, N. Y.

ROBERT E. NEFF, superintendent, University of Iowa Hospitals, Iowa City.

GEORGE O'HANLON, M. D., general medical superintendent, Jersey City Hospital, Jersey City, N. J.

JOHN H. OLSEN, superintendent, Richmond Memorial Hospital, Prince Bay, N. Y.

C. S. PITCHER, superintendent, Presbyterian Hospital, Philadelphia, Pa.

W. W. RAWSON, superintendent, Thomas D. Dee Memorial Hospital, Ogden, Utah.

B. A. WILKES, Hollywood, Calif.

C. S. WOODS, M. D., superintendent, St. Luke's Hospital, Cleveland, O.

Frequently a comparatively small sum spent in making these needed improvements has helped materially in winning good will of doctors and of the public and the improvements also have helped to speed up service and to cut operating costs. While at this time employees are not so likely to become temperamental, yet adding conveniences or comforts for those employees who spend most of their time on hospital property will bring additional returns.

It may be that while thoughts are turning to the modernization of equipment and of buildings, some superintendents have not paid proportionate attention to a re-study of methods or of the functioning of different departments. Sometimes through the enthusiasm of some department head or executive a superintendent may be persuaded to approve a change in methods or the introduction of an entirely new procedure which at the time can be shown to produce a saving. When prices were at the peak several years ago, a number of practices of this kind may have been justified from the standpoint of economy. For some time past, however, through reduction in volume of service and also because of lower prices of the manufactured products, "home-made" items have been questionable savings and some of them actually are losing ventures. Some superintendents may find that a study of departments with this point in mind will be profitable by indicating savings through the discontinuance of manufacturing or processing activities which no longer are economical.

Not very long ago the question of the economy of reclaiming gauze received widespread attention. Like many other things, there are local conditions which enter into this activity, and unless these conditions are duplicated, the results will not be the same in any two hospitals. A large hospital with a big patient census and plenty of help may have been able to prove a saving by reclaiming gauze three or four years ago, where today even that hospital cannot break even, because of reduced occupancy and reduced consumption of material, as well as the lower price of gauze. Some smaller hospitals which installed a gauze reclamation technique in some instances because they felt that it was the thing to do because other hospitals advocated it, today undoubtedly are losing money by this routine. One large hospital which was a most active advocate of the idea that many hospitals could save money on gauze reclamation today finds its savings on this activity reduced more than 50 per cent compared to several years ago, and it is continuing the routine only because it is felt that some little saving is effected. This would indicate that many smaller hospitals cannot today economically reclaim gauze.

In connection with this general thought is a frequent statement of one of the most successful and best known superintendents in the field, who when approached to introduce some minor manufacturing or processing activity in his hospital, says: "I'm always doubtful of savings which mean the addition of full time or part time people to the payroll. You know, when a person becomes attached to the payroll it sometimes is difficult to remove him, and usually that person finds, after a short time, that he needs more help."

This superintendent, of course, did not refer to laundering or similar activities which must be carried on in a large scale daily or nearly as frequently, but he spoke of what he termed "frills," which sometimes are urged on the field as minor savings.

So, besides modernizing equipment and building, those superintendents who have not studied various routines with an eye on present prices of materials and manufactured products, may have a field for still further reductions of operating expense.

Include Study of Methods in Your Modernization Program

A number of superintendents, whose boards are not in a position to erect a new building at this time, are taking advantage of current prices of equipment, supplies and labor to modernize the present structure. One indication of this trend is the increase in the number of requests for pamphlets, booklets and literature of manufacturers whose products are being considered in the modernization program. Hospitals which take advantage of current prices to make needed replacements of worn and obsolete equipment, and to modernize floors, walls, and to improve arrangement of departments can save a great deal of money and at the same time make these improvements at a time when inconvenience to patients or personnel will be least.

“Down Go Prices as Hospitals Start a Price War”

Among the occasional newspaper reports of reductions in rates by hospitals in different parts of the country was one which began with the phrase reprinted above and which added that other hospitals were to be “engulfed in the price war.”

The same report compared prices of a number of hospitals for maternity service, for which the reductions in charges were announced, and the list of rates offered “shoppers” among newspaper readers an excellent opportunity to note how charges varied.

While the newspaper report, of course, was not written by any hospital representative, and was rather sensational in tone, it did not favorably sway the public toward most of the institutions, especially those with the higher charges, and it also undoubtedly gave a reader unacquainted with hospitals the idea that the reduction was only a matter of “cutting prices.” The impression might have been gathered that the former charges provided a good profit which the hospitals insisted on having, regardless of the general tendency toward “deflation.”

Another fact which may have escaped the public was that the rates were for ward service for a limited period, although this was mentioned, but not stressed.

All of the hospitals involved undoubtedly have done varying amounts of free service and will continue to do this. They also will continue to serve worthy poor patients able to pay only part of the cost. In other words, in the past they have cared for patients able to pay for the highest priced rooms and they have given just as good professional care to patients unable to pay one cent. Hospital rates, to emphasize the point again, have been from nothing up and they will continue to have this range as long as hospitals have the necessary support to meet demands for free and part-free care.

So, there is no “price war” among hospitals of a non-profit type, strictly speaking. Rates, however, will vary according to the character and scope of service furnished; an experienced roentgenologist and an experienced pathologist even on part time ordinarily insure better service than if the hospital only has a full time technician and staff members do their own interpretations, and the cost of the former type of service is more expensive than the latter.

The advertising of minimum rates, including rates representing less than cost of service and involving perhaps some free professional attention, is not a constructive action. There is much truth in that occasionally heard suggestion that no hospital should publish any rates less than cost and that patients needing free or part-free service should be considered on their merits and given to understand that the difference between the cost to the hospital and what they pay, if anything, is made up from contributions or similar sources.

As one experienced superintendent recently remarked, it has taken hospitals a long time to get their charges up to their present level which, in many instances, is below what they actually should be. Usually the hospital announcing a reduction will explain that it applies only to ward service and to specific items, and that the new rate is introduced in the hope of increasing patronage so that the hospital can “break even.”

The above comments, of course, do not apply to reductions which some hospitals have made in higher priced rooms or in special services whose cost may have been materially influenced by current price changes. Such reductions bespeak the desire of the typical hospital to be

fair with the public, and hospitals making such reductions are to be commended.

But it is wholly different with the hospital which advertises a flat rate below cost, without explaining that this rate is below cost and that it includes, perhaps, certain free professional activities. Unless these explanations are made, the public will get the idea that hospitals which charge more than the advertised rates are making a big profit, and the “price cutters” thus will be further weakening the confidence of the public in hospitals.

Hospitals Should Be Represented On Industrial Commissions

Most satisfactory results, as far as obtaining adequate pay for industrial service have been obtained in the few states in which the hospitals have carried on a program of education among influential legislators or members of industrial commissions. Most of the efforts to amend workmen’s compensation laws have failed, and in this connection most of the state laws are so worded at present as to imply that hospitals should be paid a fair sum for service to injured workmen.

At a recent hospital meeting a person familiar with the operation of industrial compensation laws and of the attitude of compensation commissioners made the suggestion that the hospitals ought to endeavor to obtain representation on industrial boards. These boards usually are appointed and, according to the speaker, the important part which hospitals play in the restoration of the health of the injured workman justify the inclusion on the board of someone well acquainted with the problems of hospitals. Such a person need not be a superintendent or even a hospital trustee, but should be one who realizes that hospital service is expensive and that somebody must pay for service for which the hospital is not directly remunerated.

Which state will be the first to have a member of the industrial commission with the hospital viewpoint? Employers, workers, and others interested are usually represented on these commissions, and it would be only fair that hospitals have a representative who can present the hospital’s side of the question of costs of caring for injured workmen. Undoubtedly some of those state hospital associations which are so active and so eager to improve conditions of hospital service to compensation patients will find that efforts to obtain a representative on the industrial commission will be more successful than efforts to engineer a legislative program with its numerous difficulties.

Newspaper Publicity Articles Used by Additional Hospitals

It is most gratifying to HOSPITAL MANAGEMENT to find that each month sees an increase in the number of hospitals which are using the newspaper articles in each issue of our magazine. These articles are written in newspaper style and are designed to enable a large number of hospitals to get facts about the field and about hospital problems before their local communities. It is only necessary to copy the articles, making changes local conditions dictate, and to send the articles to all of the publications and papers in the area from which patients come. The fact that in some communities these articles have been put on page one of the paper indicates the interest which they develop. This month’s material will be found on pages 30 and 31.

Community Hospital Helps Public In Many Ways

Here Are Some of the Things Friends of Such a Hospital Ought to Stress to Win Fullest Support for the Institution

By S. CHESTER FAZIO

Superintendent, Rockaway Beach Hospital, Rockaway Beach, N. Y.

THE many benefits which a community derives from its hospital appear so obvious to those actively engaged in the support of the hospital that it seems incomprehensible that the hospital's value is not unmistakably clear to the average person. But the lack of whole-hearted support by those only partially aware of its value and its services, the indifference of some toward the hospital, and the antagonism of others are probably caused by a failure to understand what a hospital really does for a community. The hospital's benefits are reviewed in these lines to suggest material for emphasis in National Hospital Day and other educational programs.

In most communities only a small percentage even of the advocates of the hospital fully realize its value. An attractively planned hospital building is generally designated by the residents of the town, not by name, but as "our hospital," and rightly so, for many have been instrumental in raising funds for its construction or are contributing to its maintenance. Even those not sufficiently interested to assist in the support of the hospital are not averse to mentioning the hospital as another indication of the progress of the town, thereby quite unconsciously admitting that the hospital, an institution of civic pride, is worthy of support.

The community hospital is non-sectarian and for the common good. Despite occasional differences of opinion among individuals, such as arise regarding building procedure or administrative policy, the fact that many of the residents are cooperating for the general good increases the community spirit. As the endeavor has a permanent objective, interest is maintained and the cooperative

More and more hospital executives are asked to speak before clubs, to prepare articles for newspapers or to disseminate information about hospitals and especially their own institutions in other ways. This article points out some of the obvious advantages of a hospital to a small community and suggests things that should be included in any educational or publicity material a hospital may have an opportunity to present before any group or the community as a whole.

spirit further aroused when the various activities for the benefit of the hospital require renewed efforts.

Physicians of high calibre have not infrequently decided to stay in a small community when it was voted to establish a hospital, or such physicians have been attracted to a town because of the reputation of its hospital. The hospital not only provides a place for the more satisfactory care of their patients, particularly surgical and obstetrical cases, but also supplies the doctors with the means for accurate diagnosis and other aids.

The accuracy of diagnosis in addition to the more immediate physical benefit derived, is of economic importance to patients as it saves time and money of protracted treatment, sometimes unavoidable if the physician does not have laboratory and X-ray facilities. When patients can be referred to the local hospital for these services they are saved the inconvenience and expense of travel.

When a nursing school is maintained, some of the young women of

the community who would otherwise go elsewhere to prepare for business life enter this school. It is of immense value to a suburban district to keep the younger people at home.

In regard to accidents, the value of the hospital is more readily grasped by the public. It is understood that there are cases requiring immediate attention, cases where a few minutes' delay might mean loss of life. But in the accounts of accidents, the public has become accustomed to hearing that the injured "were taken to the hospital." There probably are but few who consider what it would mean if there were no hospital within a radius of several miles, in case of catastrophes or numerous serious injuries requiring immediate care. In such instances, if there were no institution devoted to medical and surgical treatment and capable of efficiently operating under emergency conditions, what a tremendous handicap it would be to the chances of recovery!

Many of the crowd gathered at an accident think little of the valuable assistance (other than that of rapid transportation to the hospital) rendered by the ambulance service. They may consider the call for an ambulance in the same term as that of a needless call for the fire department, a "false alarm," if the victim is not placed in the ambulance and taken to the hospital. They are not aware that the prompt attention of the ambulance doctors to even seemingly slight cuts and bruises will prevent serious developments.

In some of the smaller towns or those several miles from a city, it is not unusual for the hospital to be the only source of oxygen tanks and other equipment for use in cases of asphyxiation, drowning, or chemical



"An attractively planned hospital building is generally designated by the residents of the town, not by name, but as 'our hospital,' and rightly so, for many have been instrumental in raising funds for its construction or are contributing to its maintenance."

gas poisoning. This equipment and those trained in its effective use can be quickly transported by the ambulance. Hospitals that do not maintain an ambulance service often render the same assistance by sending doctors, nurses, and the necessary equipment by autos, commandeered if necessary, in answer to emergency calls.

The hospital also is called upon by physicians in private practice, especially during the night, for the oxygen tanks and other equipment and for rare drugs, which must be immediately obtained as an emergency measure.

Emergency operations at the home have often been successful. The hazards are, however, greater than those at a hospital due to lack of equipment, correct lighting, etc., and there is additional nervous strain on the physician. There also is a lack of many facilities which would add to the comfort of the patient. The patient can, as a rule, withstand the comparatively short trip to a hospital in the same town.

Even when not an emergency case it is better if the patient is saved a long trip. For a prospective hospital patient, who may be acutely ill or intensely nervous, a trip by train, bus or automobile may be inadvisable or impossible. Also, when ready to return home during convalescence the patient is likely to be in a weakened condition and the necessity for traveling might prevent as early a discharge from the hospital as would otherwise be possible.

The attending physician can visit the patient daily and keep in close and constant touch with the case, if necessary, if the hospital is in the same town. Frequently the physician is the "family doctor" of long standing in whom both patient and relatives have the utmost confidence. Relatives can visit regularly without

difficulty regarding visiting hours and transportation service or the expense involved in traveling to another town.

In case of an epidemic the hospital may not be sufficiently large to accommodate the unusual number who are ill, nor may it be necessary that many of them require actual hospitalization, but trained supervision in the treatment of those at home is essential. The nurses of the hospital are an instantly available force of "visiting nurses" of considerably greater number than a small community could otherwise support.

Members of the nursing staff of a community hospital are sometimes assigned to act as visiting nurses in the follow-up care of a person who has been a patient at the hospital. A patient cannot always afford to remain at the hospital during the entire convalescence, and the changing of bandages or some other comparatively simple treatment can be performed by a nurse at the patient's home.

The nurses of a community hospital that does not maintain a social service department are sometimes assigned to this duty and combine the functions of visiting nurse and social service worker. For example, in connection with some of the ward or charity maternity cases they may

carefully watch the progress of the patient, do nursing service, and advise as to the care of the infant. Through the confidence placed in them by the patient and family and their own observance of conditions, the financial difficulties and home conditions, which should be remedied and which would not otherwise be revealed, are discovered and can be reported to the local society or organization that gives relief.

The value of the hospital for maternity care is well understood by certain classes, but is a service which also needs to be further explained to those who do not yet realize the importance of hospitalization for obstetrical cases.

The hospital is undeniably of value to the small town or suburban community in so many ways that it is hoped that everyone interested in such a hospital will make every effort to teach the residents of the community to realize its importance and to support their community hospital to the fullest extent.

OUTPATIENT DEMANDS

During 1931, 10,052 patients were seen in the out-patient department and clinics of Grant Hospital, Chicago, of which Mary Watson is superintendent. Of these, 6,836 were free. Three hundred and forty patients were admitted to the hospital from the clinics and 16,347 free days of hospital care were given them and 1,585 days were given to part-pay patients.

"We have had an increased attendance in all clinics during the last few months," says Miss Watson. "The heart clinic is especially overcrowded. Only about one-fourth of the patients are able to pay for even their medicine. During 1931, 71 babies were immunized against diphtheria; 995 visits were made to the infant feeding clinic."

NOW ST. LUKE'S HOSPITAL

Woman's Hospital, Saginaw, Mich., has changed its name to St. Luke's Hospital. According to Gertrude C. Allen, superintendent, there is no change in the hospital personnel.





Above is the building of Oak Park Hospital, Oak Park, Ill., which on May 25 observed its 25th birthday. At the right is the superintendent, Mother St. Beatrice, of the Sisters of Misericorde, who on the same day celebrated her 50th anniversary as a Sister.



Oak Park Hospital Observes Double Jubilee May 25

OAK PARK HOSPITAL, Oak Park, Ill., on May 25 observed a double jubilee, celebrating its own 25th birthday and at the same time commemorating the 50th anniversary of the entrance into the Sisters of Misericorde of Mother St. Beatrice, superintendent. Special religious and public ceremonies commemorated the day.

The hospital originally contained 75 beds, and now has 175 and during 25 years has served 66,500 in-patients. Its school of nursing has about 300 graduates.

The hospital building was built by Mother St. Lawrence, now superintendent of Huber Memorial Hospital, Pana, Ill., but after organizing the institution and supervising construction, Mother St. Lawrence was assigned to other duties and Mother Marie of the Immaculate Conception, now superintendent of St. Mary's Hospital, Green Bay, Wis., was in charge of the hospital when the first patient was received.

Mother St. Beatrice is serving her second term as superintendent of the hospital and during her long career as a Sister of Misericorde she has held a number of important positions in the Sisterhood, including first assistant mother general, and bursar general.

The Sisters of Misericorde have 14 hospitals and orphanages in the United States under their direction.

An unusual coincidence in connection with the founding of the hospital is that the most active worker for its establishment was a non-Catholic, the late Dr. John W. Tope, who also became the first patient of the institution. A tablet in his memory hangs in the vestibule. Mother St. Beatrice was born of non-Catholic parents and embraced Catholicity after graduation from college with a degree in music. She has the distinction of being or-



Nurses' Home, Oak Park Hospital

ganist in the chapel of the mother-house in Montreal for 39 years.

The Oak Park Hospital school of nursing has been affiliated with Loyola University since 1917 and the hospital is a teaching unit of the medical school of the university.

The original building which once housed patients, sisters and nurses, has since been expanded and a nurses' home, modern laundry and power plant, sisters' house and other buildings now occupy part of the spacious site.

STAFF RATES

Grace Hospital, Detroit, gives service to its staff members at the per capita cost of the previous month. This practice was ordered by a special by-law of the board which did not want to give less than cost service to persons able to pay, and at the same time wanted to express its appreciation of the service of the physicians of the staff.

MEDICAL SERVICE FAKES

A recent issue of the bulletin of the Chicago Better Business Bureau refers to six attempts to obtain money from the public for medical and hospital service, all of which were investigated and found to be frauds. No hospitals or reputable physicians were connected with any of the activities reported, all efforts being attempts to sell stock of memberships.

WATCH GARBAGE PAILS

A speaker at a recent hospital convention, when asked to answer a question on how to reduce food waste, replied: "Watch the garbage pails and weigh the garbage." He claimed that as a result of close inspection of garbage pails the institution had reduced the average waste per person from three ounces to one ounce.

"Now Is Time to Do Something About Training Executives"

"We Are Products of Haphazard Methods; It Will Be Our Fault If We Continue to Do Nothing About It," Says This Writer

By ALFORD R. HAZZARD,
Superintendent, Easton Hospital, Easton, Pa.

HOSPITAL administrators have achieved their title and knowledge by as many and as devious routes as one can imagine. The clergy, the politician, the soldier, the clerk, the nurse, the physician, the trustee, and the business man are all represented within our group. A physician, a nurse, a graduate of any of the colleges have a diploma certifying to their having completed their studies satisfactorily, but this at best certifies that the applicant has qualified in but one of many subjects with which a hospital administrator must be familiar.

At best and with few exceptions, an apprenticeship has been our avenue of approach to our present positions, and this has been under non-standard conditions and with as many varying programs as there are hospitals. This is no reflection upon us. We are products of the haphazard methods of selecting administrators that prevail. It will be our fault if we continue to do nothing about it. Conscious of this lack of cohesive thought, several attempts have been made by various universities to fill this need by developing an educational and standardization program. These failed. Many reasons might be assigned: a lack of students, hospitals and hospital trustees evinced no interest in the graduates, the students and prospective students were not assured of any standing or of any significance being placed on any degree that they might attain. These efforts, though they failed, must not deter us from supporting the programs of education now in force and those now developing.

The business administration, of course, will predominate in the activities of an administrator, but the educational and scientific work of his institution must receive his understanding support. The sociological program cannot be divorced from his mind. He must be a publicist. Our great industries and railroads are employing them to advantage. The ser-

vice these organizations render to society is kept constantly before the public mind by talent devoted solely to their interest. Our task of securing economic assistance, of bringing to the bedside scientific medicine and nursing illuminated by social understanding deserves public appreciation. This appreciation in turn will produce the economic sustenance essential to carrying on our endeavor.

The patients of any hospital are best served when the organization is oiled with understanding. The inter-relationship, the duties and obligations, and the limitations of the component factors of the organization must be comprehended or there will be friction. The trustees; the staffs, both visiting and resident; the medical students in their fifth year of medicine; the scholars in our school of nursing; the maintenance and administrative personnel, and the supporting public cannot work out satisfactorily these relations each to the other unless there is a positive co-ordinating administration. Many organizations outside of our hospitals are contributing to our progress. These, too, must be directed so that their contribution will be effective. The touch in directing these outside activities must be so delicate as to be almost obscure, but there must be none the less a directing hand. All of these varying groups, both inside and without the hospital, must have their contributions of time, money, scientific knowledge and labor whether gratuitously given or whether paid for, directed to conform to the policy of the hospital, and that policy should be formulated always from the viewpoint of what best serves the patient.

There is no short cut to good, sound administration, and personnel management and comprehension of these problems. It is acquired by study of the problem, an examination of the philosophy which underlies our social order, and understanding of the application and relationships of the medical and nursing professions, and

all the directing and working groups so that we may obtain a maximum good from their contributions. Many of us have had to dig these problems out at a cost of labor to ourselves, of worry upon the part of the staffs with whom we worked, of travail on the part of our trustees, and I cannot estimate what hardships we may have, directly and indirectly, placed upon our patients because of our lack of knowledge of the subjects with which we dealt. We have often muddled through, and too often we are still muddling through. Because we came to our present position after an apprenticeship, or by any other route, is no reason that we should balk at an improvement of the method. We would not think of putting a supervisor in charge of patients who had had no training. Of a record librarian, a social worker, a bookkeeper, a purchasing agent, or any other of our hospital personnel we demand an assurance of a greater degree of specialized knowledge than we ourselves could show in our chosen field. At best, as hospital administrators, even though we had a doctor's degree or a college diploma, all we could produce would be references by our friends.

We, by the diversity of our backgrounds and training, and by the lack of a standard program, say to the world that our work is not of sufficient importance or of sufficient value to warrant such a specialized program. Hospital trustees, I believe, could easily be persuaded to see the value in their supporting a program of education for administrators. The men and women upon hospital boards are generally unfamiliar with the efforts that have been made in this direction, and a large way in establishing such a course can be transversed by bringing these programs to their attention. A group of trustees of ten hospitals were circularized some years ago in support of such an enterprise, and without exception all were interested. Business men and philanthropists would, of course, search for the best

material for administrators of their institutions. The experience of the older and tried executives would of necessity weigh heavier in their minds than any academic work which might be accomplished, so that the younger men and women would not supplant those already in the field. And even were this not true, and if we felt that competition in the productions of such an educational program would be keen, it would at least be progressive.

When the state and Federal civil service commissions circulate examinations for hospital administrators, they are limited and must resort to qualifying their applicants by having them give their training in related endeavors.

Why do we hesitate to say to our board of trustees that there should be a better program to prepare men and women to assume these responsibilities?

Are we proud of the salary range within which we find ourselves? Does it compare with that received by men and women assuming a comparable responsibility in our industries? This condition can be placed directly at our door, and justly so because we have not a qualifying program of merit that we can present to the public and demand recognition upon. There is a wide literature on every hospital subject, but there is no compelling force which makes us avail ourselves of its benefit. If we reach the happy place where we are agreed that the education of hospital executives should receive attention and many state societies are giving this study, should we not bespeak the interest of all executives in this program? Should we not make our contribution to it and support it?

Many programs have been outlined and are available. Which one we accept is not material. Perhaps a combination of academic and apprenticeship work is the ideal, where time could be devoted in studies as would be selected, and by such apprenticeship work in hospitals of varying size and under various types of management as would round out the candidate's viewpoint from actual experience. In any standardization or educational program, those who have qualified themselves as physicians or nurses should be given credits for their work, and those whose experience in hospital administration warrants, should, of course, be licensed. If time permitted, many programs might be offered for discussion, but the purpose of this paper is to arouse enthusiasm for some program of education and standardization. Any pro-

gram that we develop for others will, of course, in turn develop us. This is an objective also to be sought. The time is opportune. Our institutions never needed sounder leadership and ability than today. In what period of the history of hospitalization would trustees more readily receive trained executives to assist them in leading their institutions through this financial depression? Candidates could more easily be secured today than at any time in the last twenty years, and if a select group were chosen for the work, I am sure that the program could include an assurance of place-

ment. This idea is not new. It has been aging and growing and developing for many years. The future and progress of our work and accomplishment demand that we take thought and lay plans.

We have been giving of ourselves without stint, always thinking and teaching a philosophy of self-sacrifice. Should we not now give thought to the improvement of our own qualifications? This road leads to a better recognition of our work and to all of the benefits that will follow, both for ourselves and for the hospitals that we serve.

Good Crowd, Interesting Papers at Richmond Conference

The hospital associations of Virginia and North and South Carolina met at Richmond on May 17, 18, and 19, bringing together more than 300. The program was arranged by the three presidents, Dr. Knowlton T. Redfield, Virginia; Dr. Harold Glascock, North Carolina, and F. O. Bates, South Carolina.

The Tuesday evening meeting, Dr. Redfield presiding, heard the address of welcome of Dr. W. T. Sanger, president, Medical College of Virginia, with response by Dr. Glascock. President Paul H. Fesler, of the American Hospital Association, spoke on "Caring for the Veteran in Civilian Hospitals."

Papers discussed during the convention were: "Past, Present, and Future of Hospitals," Dr. Robert T. Ferguson, Charlotte; "The Need of Adequate Facilities for the Care of the Psychiatric Patient in the General Hospital," Dr. O. B. Chamberlain, Roper Hospital, Charleston; "Hospital Administration—Its Practical Application," Dr. C. S. Lentz, University of Virginia Hospital; "The Unemployment Problem in the Nursing Profession," Marguerite Andell, superintendent of nurses, Medical College of South Carolina, Charleston; "The Hospital's Mission to the Community," Dr. Fred Hubbard, Wilkes Hospital, North Wilkesboro, N. C.; and "Problems of the Record Room Librarian," Mrs. Sarah S. Matthews, University of Virginia Hospital.

"Hospital Purchasing," Charles H. Dabbs, Tuomey Hospital, Sumter; "The Cost of Adequately Supervised Student Nursing Service vs. Graduate Nursing Service," Charlotte Pfeiffer, vice-president, American Hospital Association, superintendent, Stu-

art Circle Hospital, Richmond; "Can the Financial Burden Be Lifted from Your Hospital, and If So, How?" Dr. R. B. Davis, Richardson Memorial Hospital, Greensboro, N. C.; "The Business of Servicing the Sick," Dr. J. L. McElroy, superintendent, hospital division, Medical College of Virginia; and "The Place of Orthopedics in the General Hospital," Dr. J. Warren White, Shriners' Hospital for Crippled Children, Greenville, S. C.

At the annual dinner, the toastmaster was Dr. Paul V. Anderson, medical director, Westbrook Sanatorium, Richmond.

"Administrative Problems of the Smaller Hospitals," Dr. Frank Smith, medical director, George Ben Johnston Memorial Hospital, Abingdon, Va.; "Hospital Facilities for Negro Patients in the South," Nina D. Gage, director, school of nursing, Hampton Institute, Hampton, Va.; "Lightening the Burden of the Hospital's Free Load," Dr. James H. Wheeler, Maria Parham Hospital, Henderson, N. C.; and "Dietetics in the Hospital," Mrs. Mary de Garmo Bryan.

Dr. R. B. Davis was elected president of the North Carolina Association, Dr. H. A. Newell, Henderson, first vice-president, Bessie Baker, Durham, second vice-president, and E. G. Farmer, Wilson, secretary-treasurer.

Dr. John Bell Williams, director, St. Luke's Hospital, Richmond, was elected president of the Virginia Association, and M. Haskins Coleman, Jr., Johnston-Willis Hospital, Richmond, was reelected secretary and treasurer. Dr. J. L. McElroy was elected vice-president.

THE HOSPITAL ROUND TABLE

How Many Watts?

At a recent local hospital meeting a speaker told of remarkable results he had obtained by taking sufficient time to make a personal inspection of the hospital building with a view to determining whether electric lamps of smaller wattage could be satisfactorily substituted for those in use. For instance, he found a number of 100-watt lamps in service that 60-watt lamps could perform just as efficiently, and in some instances he found 60-watt bulbs that could be satisfactorily replaced by 40-watt lamps. In one part of the building he found 25-watt lamps being used where 10-watt bulbs would do. Perhaps other hospitals can make similar substitutions with good savings.

Expert Service Free

In many communities hospitals have at their disposal the expert services of combustion engineers whose experience will determine changes in type of fuel, boiler arrangement, etc., which might be made without cost, or in the case of fuel, at a material saving. Some experienced hospital superintendents have made use of the services of these experts with surprising savings. In this connection hospitals in larger centers where certain equipment manufacturers or distributors maintain branches, undoubtedly can obtain important advice as to maintenance, operation, etc., of devices that will materially reduce costs. Gas companies also frequently have experts available to advise as to the operating efficiency of burners, etc.

Give Motors a Rest

One hospital superintendent who in recent months has given an unusual amount of attention to mechanical equipment, in an effort to reduce fuel and electrical consumption, recently reported that one saving developed when he ordered the ventilating fans in the operating rooms shut off an hour earlier than formerly. The hour's saving in electricity will amount to an appreciable item after some months, and at the same time it will not interfere in any way with the efficiency of the operating rooms, since operations are finished considerably before this time. In case of emergency, the ventilators, of course, may be turned on at any time. This superintendent suggested

that in large plants where there are numerous blowers, fans, etc., that a savings in current might be made as a result of a similar study and a new schedule of operating periods for the motors involved.

Independent Inspections

One hospital connected with a university which has an engineering school has the advantage of a periodic inspection of plant by experts of the school. The condition of mechanical equipment, illumination, etc., is routinely checked. The hospital superintendent found that this inspection had developed into a cursory peeking into different divisions, with the result that sometimes an unnecessary light, or a dripping faucet, etc., was overlooked. So the superintendent has assigned one of the administrative department to make an independent survey, and this not only has found occasional things which the routine inspection has not reported, but it also has definitely increased the zeal of the personnel in reducing losses through leaky faucets, unnecessary open radiators, lights, etc.

Use the Laboratory

A veteran superintendent recently commented that he believed some hospitals did not make routine laboratory examinations of milk, cream, etc., to see that the butter fat content was in keeping with the percentage the dairy had agreed to deliver and for which the hospital was paying. He reported one instance where there was a 20 per cent difference in the butter fat content of cream, the cream being that much lower in quality than the contract called for. The suggestion of this man was that it would pay especially at this time to make use of the hospital laboratory to check up on the quality of milk and cream, as the hospital would be justified in getting a lower price for product that did not meet the agreed percentage, or that it could prevent further imposition by changing dairies.

What Do You Pay for Coal?

An interesting discussion resulted at a recent local hospital association meeting when someone brought up the price of coal, with the suggestion that it might be well to make a survey of the hospitals to find out

why there was a variation in price. Immediately experienced superintendents pointed out that the requirements of a given type of boiler limited the choice of coal, and that there were a number of factors which determined the type of fuel and its cost, as far as an individual institution was concerned. One visitor was reminded of an inexperienced superintendent who once heard a discussion of fuel savings through the use of a lower grade of coal by one hospital, and immediately asked where that grade of coal might be obtained. The inquirer was told that there was no more assurance that the other grade of coal would prove satisfactory to his hospital than there was that the system of food service or any other procedure of one institution could be transferred bodily and with the same satisfactory results to another institution. Incidentally, some practical suggestions for more efficient boiler room operation were given on page 24 of May 15 HOSPITAL MANAGEMENT.

Outpatient Costs

The Falk Clinic of the University of Pittsburgh medical group recently made a detailed study of its service costs after a few months of operation. The allotment of expense included a proportionate share of the space of the department, the time of the personnel, but did not include depreciation or interest on investment. Also, medical service is furnished by members of the faculty of the university. On the basis of 17,000 visits, the average cost per visit was close to 98 cents. About two-thirds of these visits were by adults, and the one-third representing children's visits averaged slightly more than 96 cents per visit.

Out-Patient Receipts

A hospital in a large city which recently opened a new out-patient department put into effect a new method of handling out-patients, with regard to obtaining financial information. As a result of this system, and with the same individual at the desk as before, the average receipts per out-patient jumped from 13 cents to 26 cents. Later on a cash register was installed in full view of visitors, and in a short time the average receipts had increased to 35 cents.

25 Years in Retrospect Show Splendid Strides in Hospitals

New Conveniences and Services Bring Higher Cost, But Who Would Want to Submit to Conditions of 25 Years Ago in Order to Reduce Costs to That Figure?

By GEORGE W. WILSON

Superintendent, Toledo Hospital, Toledo, O.

FROM the tremendous changes in hospital construction, equipment and organization during the 25 years the writer has been in the field, great advantages have accrued to those under treatment, through better hospital service. These changes, however, have naturally served to increase hospital maintenance costs. The patient day cost in the average hospital has doubled, and perhaps trebled. It is no doubt true, however, that patient, physician, and superintendent of a well organized hospital of today would not give serious consideration to reducing the operating costs to those of 25 years ago by going back to the conditions under which lower costs were possible.

The per diem cost in prominent hospitals in New York City in 1906 was under \$2.50 per day, while the average cost for all patients of 30 general hospitals of New York for 1930, according to the report issued by the United Hospital Fund, was \$6.83, many ranging between \$7 and \$8.75.

We hear a great deal of complaint regarding hospital charges, indicating that the impression prevails that hospital charges have increased to a point where they are considered exorbitant and prohibitive. It is my belief that service is more reasonable today than when complaints were not so frequently heard. Assuming that on the average the cost of rendering care has increased 100 per cent over 20 years ago, I do not believe that the cost to the patient has increased on the average in anything near this proportion. This means that a greater percentage of the maintenance deficit is being assumed today by the community through its Community Chest or charitable sources. It seems there is too general a tendency on the part of patients to criticize hospitals for expenses for which the hospital in reality is not responsible, and which might have been avoided had patients been satisfied with the same service that patients in corresponding circum-

Here is a continuation of the interesting review of a quarter century in hospital administration, the first part of which appeared in the last issue. These two articles should be of especial interest to those who have come into the hospital field in recent years, as they show that many things which now are accepted as everyday routine were either unknown 25 years ago or were looked upon as novelties and in some instances as unproved experiments.

stances were content with comparatively few years ago. It frequently occurs that patients who are unable even to pay the hospital bill in a reasonable length of time, insist on one and even two special nurses for periods far beyond the time service of this kind is required, if required at all.

To meet the financial burden to many patients that special nursing entails, when such service is imperative, group nursing has been evolved. This has not, however, proved satisfactory in all cases. Some hospitals have abandoned the idea because of the attitude of the patient. It has also resulted in a financial drain on the institution. In other instances, the plan has worked well, having been found satisfactory to the patient and proved to be a source of revenue to the hospital.

The eight-hour day for the nursing force is in effect in a large percentage of hospitals today. This is a development of comparatively recent years.

While a large percentage of hospital patients have little occasion to familiarize themselves with hotel rates, the patient who is in a position to compare hotel rates with those of hospitals, frequently expresses surprise that hospital rates are not higher, considering the service a patient receives, compared to hotel service

and charges. Naturally, hospital and hotel room charges are not on a comparable basis, as hotel rates are designed to bring revenue and hospital rates are established with an idea of preventing too great a loss in operation. Again, hospital charges and service of today as contrasted to the era of lower rates prompt the thought that many conditions are more successfully dealt with now than in former years. This results in a much shorter stay for the treatment of the same condition, due to the increased and more efficient aids in diagnosis and more skillful surgical and nursing service. In many surgical conditions the length of stay is only half as long as 25 years ago, making the cost of the care for a given condition no more today.

In 1931 there were 1,800 accredited nursing schools in the United States, with upwards of 80,000 pupils in training. Six hundred and sixty-four hospitals approved for internship by the American Medical Association in that year offered over 6,000 internships. Approximately 100,000 physicians and surgeons were affiliated with the staffs of the hospitals of the United States.

A great increase is shown in the number of hospitals operated under Federal, state, county, and city and county control. In this group there are today approximately 1,800 of the total hospitals registered by the American Medical Association. This constitutes approximately 27 per cent of the hospitals and 65 per cent of the total beds.

In recent years the American Medical Association and some state boards of medical education and licensure have established requirements for hospitals to meet in order that the intern year may be recognized as an adequate fifth year in medicine. It is estimated that 95 per cent of the graduates of the medical schools supplement their medical training by an internship of at least one year. Even so, it was with difficulty that the

6,124 internships in 664 hospitals were filled in 1930. There has been a tendency for hospitals to establish an intern salary where salaries formerly were not paid, and to increase salaries paid in other instances, so that today 60 per cent of the approved hospitals pay a salary of some amount. Of this number, approximately 47 per cent pay \$25 per month. Two thousand, eight hundred hospitals pay no salary.

The largely increased number of hospitals and the increase in activities of existing hospitals has resulted in a tendency to create a superintendent's position, where previously the executive functions were carried out by the superintendent of nurses, and these conditions have served to make it increasingly difficult to obtain hospital executives with adequate qualifications. Frequently hospital boards have placed in this responsible position individuals without the necessary training the position requires.

Hospital boards have frequently learned that an individual, perhaps eminently successful in some different line, may be far from a success as a hospital executive. It is an accepted fact that the best training for hospital executive responsibilities comes through connection in subordinate executive positions, in an active hospital.

There is a great deal of discussion to the effect that hospitals should be operated on a more business-like basis. Just as far as possible, good business principles should obtain in hospital administration. There is a definite limit, however, to the extent to which these business principles may be applied. It is frequently necessary for the superintendent, in order to exhibit a properly sympathetic attitude toward the misfortune of others, to waive his better business judgment, and extend credit to patients to whom credit would not be extended in ordinary business routine. Ultimately many such accounts have to be charged off as uncollectable, and considered as so much involuntary charity. In the handling of the strictly commercial transactions of the hospital, strict attention must be paid to making every dollar do the greatest possible amount of work. Hospital boards all too often have to impose upon the superintendent financial handicaps, which make it impossible for him to handle his commercial accounts in a business-like way, by failing to provide an adequate cash working fund. The ideal situation is, to be sure, one which makes it possible for the superintendent to pay all bills in accordance with the terms of purchase, and to take discounts when

available. If the superintendent finds it necessary to withhold payment of bills for 90 or perhaps 180 days, it naturally follows that he is more apt to pay a long price for commodities.

An increasing tendency in recent years is toward the medical center idea. The larger cities have in a number of instances produced mammoth projects combining medical college and various branches of hospital work. The modern hospital is becoming more and more known as a health center. This is as it should be.

The automobile has brought new problems which have been rapidly increasing during the past ten years. It does not seem fair that private hospitals should be forced to carry the burden of the care of patients injured by automobiles in the hands of the financially irresponsible. The "junk" car, costing a few dollars, is capable of doing fully as much damage as the highest powered car on the road, and it would seem that cars in conditions which should have precluded the obtaining of a license are responsible for too large a percentage of accidents which burden private hospitals. It would seem that one of the prerequisites of driving a car should be evidence of ability to stand the expense of damage or injury to the property or person of others. Some states have made such provision, either through compulsory insurance or the posting of a bond. Efforts have been made by some state hospital associations to bring about legislation whereby hospitals would be reimbursed in these cases. Automobile registration funds and gasoline tax funds have been looked upon as proper sources from which hospitals might properly be reimbursed. However, up to now these efforts seem to have been futile, and hospitals probably will find themselves struggling with this question for some time.

The American Hospital Association, which today embraces in its membership approximately 3,000 personal members and 1,500 institutional members, has had a rapid growth in membership and activities in recent years. From a modest convention held in Cleveland, in 1899, the an-

nual conventions have become increasingly beneficial factors in the life of the administrative officer of thousands of hospitals each year. From the national association has developed various geographical associations so that today many states have their own associations.

The question of hospital care for the so-called patient of moderate means has been given considerable attention during the past few years. Hospital rates, perhaps because of the elaborate service rendered by some of the hospitals in the larger cities, have necessarily been increased from time to time, until a rate for private room care, professional fees, and nursing service have become, in many instances, prohibitive to all except those of more than average means. In view of the large percentage of patients of moderate means, provisions have been made for rendering the necessary service at rates considerably less, both as far as the hospital and professional fees are concerned, than the rates which obtain in the regular private pavilion service. Hospitals throughout the country have not, however, found this step necessary because of more moderate rates which they have made available to patients. It seems that the average small city hospital has always been able and found it necessary to provide private room accommodations at even less than the minimum rates which prevail in these special departments for the patient of moderate means where such plans have been carried out. There has, no doubt, been a noticeable tendency during the past two or three years toward a greater utilization of the semi-private room service by patients who formerly occupied the moderate priced private room.

The passing years have served to bring hospitals more and more under the more or less direct jurisdiction of state and national boards. While at times it has appeared difficult for hospitals to carry out all of the requirements laid down for them to maintain the approval of these groups, it would seem that the net result of the efforts of all of these boards has helped hospitals to help themselves into a position to render better service. While hospitals have frequently felt that an arbitrary attitude has been exhibited in some instances, the ultimate result has no doubt been much better than had the hospital been given more discretion.

No doubt the hospitals are operating on a much higher plane today than would be true had it not been for the efforts of the American College of Surgeons, the American Medical Association, and the state boards



of medical education and nursing education.

The staff services of the hospitals today are organized along very much more elaborate lines than in former years. Large staffs with various specialists on the consulting staff, and in many instances on routine staff service are the order of the day. Many hospitals have well organized dental services, with interns.

In the field of therapeutics, great progress has been made in instilling hope of prolonged years of comfortable existence in conditions in which 25 years ago very little encouragement of even a brief prolongation of life could be offered. Perhaps in this category would naturally fall Salvarsan, Insulin, and the various preparations for the treatment of pernicious anemia. This period has brought new and important surgical procedures. Tremendous advances have been seen in plastic surgery. Orthopedic operations and treatments have under certain conditions given a new lease on life to the man with a fractured spine and patient suffering from broken neck. Modern methods have served to restore almost unimpaired functions to patients suffering from conditions for which, until comparatively recent years, practically no hope could be offered. Until very recent years, a fracture of the femur meant weeks in bed, and frequently in the patient of advanced years, death from pneumonia. Today we see these same patients with fractures of the lower extremities treated through the application of a "walking cast," which makes it possible to be up and walking after two or three days' bed care.

The removal of the fear of hospitals has resulted in a large percentage of prophylactic operations for appendicitis. A much larger percentage of operations for this condition were done under aggravated conditions 20 years ago than today.

Much has been learned regarding allergic reactions from foods and foreign substances. Many sufferers from chronic asthma have been promptly relieved through the elimination of the offending substance. This in some instances has been brought about by killing the parrot, which has for years been the family pet, and in others by substituting a feather pillow for one of some other material. These protein sensitization reactions have in other instances shown some every day article of food to have been the cause of distressing conditions.

New vaccines and serums possessing much merit have been the means of overcoming serious conditions. Typhoid fever from which hundreds died annually 20 years ago, is now

almost unknown in the average community.

Various vitamins have come in for their full share of attention, some of which were entirely unknown but a few years ago. The ultra violet rays have been used to increase vitamin "D" in various articles of diet. Bread, milk, vegetables, and some drugs are claimed to have been successfully irradiated and 20,679 physicians have expressed the belief that these modern ultra violet rays have the faculty of making the tobacco of your cigaret kind to your throat.

The great hospitals of today have in most instances developed from very small beginnings. The photographic records showing the various buildings in which some beautiful hospitals had their humble inception, picture a very interesting progress. The old saying that great oaks from little acorns grow surely applies to many hospitals.

When a student in the grade schools of a city in the anthracite coal regions of Pennsylvania, I had occasion to go to a hospital with a group of school boys to visit a schoolmate who had met with an accident. This was my first hospital visit, and I recall distinctly that I was glad when this visit was over. I could not help but feel that the hospital atmosphere was one which could never appeal to me. Some years later while a student in New York City I occasionally went with a group of students to the surgical clinic of one of the large hospitals. Little did I then realize that I should some years later be acting superintendent of that same hospital.

I am sure that friends of every superintendent have frequently remarked that they did not feel hospital work would appeal to them, that they would be depressed by the suffering within the hospital's walls. These people frequently add, "But I suppose you get hardened to it." While it is true hospital workers do become accustomed to the suffering of others, few, I believe, really become hardened to a point where they are not fully sympathetic.

All of a patient's stay is not, however, suffering and discomfort. I am

sure that the average patient finds a large portion of his time in the hospital pleasantly spent, and superintendents frequently hear patients say that while they are naturally glad to go home, they have enjoyed their hospital stay.

I happened to be for some years superintendent of one of the many St. Luke's hospitals, and I recall an old gentleman from the country who wished to consult a physician in the hospital, coming in and saying he would like to see St. Luke. Many amusing incidents are interspersed with the serious side of every superintendent's life.

Three weeks before assuming the duties of my first hospital position, I should have been reluctant to believe that my life's work should be that of a hospital superintendent. A chance remark of a friend informed me of a vacancy in the hospital with which I soon became connected.

No superintendent's position is without its troubles. The very complexity of the nature of the superintendent's work, however, lends variety to his troubles and prevents the monotony which might result from less diversified duties. Whether a hospital worker's time is spent directing the efforts of others or as a worker in the ranks, performing the most menial duties, the life of each is a life of real service to humanity.

PHARMACISTS SAVE MONEY

The present day curriculum of the pharmacy student qualifies him to be of value, after further special training, as a laboratory technician in small hospitals where the pharmacy work would not require his full time, Harvey A. K. Whitney, chief pharmacist, University of Michigan Hospital, Ann Arbor, told the 1932 Michigan Hospital Association. In smaller hospitals where the volume of pharmacy work would not justify the employment of even a part-time pharmacist by the hospital, a favorable arrangement may be made with a neighboring pharmacist, the speaker suggested.

Each ward location of the University Hospital has printed list of standard drugs, Mr. Whitney continued, which may be ordered into the medicine cabinet for use by that unit. This list contains about 220 items, about one-third of which pass through the pharmacy without technical alteration.

The speaker urged that a well trained pharmacist would effect many economies in any hospital.

ON MAY 12

John B. Murphy Hospital, Chicago, celebrated National Hospital Day by having open house and escorting visitors through the hospital. In the evening there was a festival at the nurses' home for the doctors and their wives, nurses and their escorts, interns and former interns. The house was attractively decorated with Japanese lanterns and cherry blossoms. Lunch was served and the evening proved to be a very enjoyable one.





How many miles in the nurses' daily marathon?

Thanks to the courtesy of Grasslands Hospital, Valhalla, N. Y., we are able to give you the actual mileage. Fifteen different nurses at this hospital put on pedometers. The photograph above shows three nurses checking in at the end of the day.

Slightly over eight miles per day was the average of the fifteen tests. But several nurses did far longer distances. Miss S. walked twelve miles. Miss P. and Miss F. did thirteen. That's a real hike!

Hard, uncomfortable floors make those thirteen miles seem like thirty. Nurses who do their walking on hard wood or concrete suffer much more from fatigue than their more fortunate sisters who work on resilient Sealex Linoleum Floors.

In calling these floors *resilient*, we mean that they have just the right amount of

"give." They conserve energy—help to keep the hospital staff more cheerful, alert and efficient to the end of the day.

In addition to underfoot comfort, Sealex Linoleum possesses many merits which will be valued in the hospital. It is sanitary, easy to clean, durable, and (thanks to recent reductions) inexpensive to buy. Write our Hospital Floors Department for further facts and figures—and for full information on our Bonded Floors installation service, in which Sealex materials are backed by Guaranty Bonds.

CONGOLEUM-NAIRN INC., KEARNY, N. J.

SEALEX
LINOLEUM FLOORS

Survey Should Precede Construction, Midwest Association Urges

"THE Midwest Hospital Association strongly advises a proper survey preliminary to any new hospital construction in any community within its territory in order to determine whether the proposed construction is necessary, and, most of all, to protect the people against economic loss due to a new establishment in a community where present hospital facilities are already more than sufficient for a considerable time."

The foregoing resolution was passed at the Midwest Hospital Association convention, held in St. Louis June 2 and 3, following a suggestion by Matthew O. Foley, editorial director, *HOSPITAL MANAGEMENT*, who presented a paper on the importance of a survey preliminary to a building program. This was the only resolution, aside from those of a routine nature, which was offered by the committee.

The convention program covered a number of problems and it and the arrangements deserved a much greater attendance of hospital people of the four states. The annual banquet, however, far exceeded those of previous years in attendance and the different features of the dinner program were splendidly conducted by Miss E. Muriel Anscombe, superintendent, Jewish Hospital, St. Louis, president of the group. So great was the attendance at the banquet that after setting up a number of extra tables, the management was forced to request a number of guests to dine in another room.

J. R. Smiley, superintendent St. Luke's Hospital, Kansas City, assumed the presidency at the conclusion of the program, and George W. Miller, superintendent, Morningside Hospital, Tulsa, became president-elect. Other officers chosen included:

Vice-presidents: Dr. H. A. Green, Boulder-Colorado Sanitarium, Boulder, Colo., and Sister Alphonsine, De Paul Hospital, St. Louis.

Treasurer, Walter J. Grolton, Missouri Pacific Hospital, St. Louis.

Trustees: Miss Anscombe, Dr. G. W. Jones, Lawrence, Kan.; H. C. Smith, business manager, University Hospitals, Oklahoma City; J. H. Rucks, superintendent, Wesley Hospital, Oklahoma City; Dr. Maurice Rees, Colorado General Hospital, Denver; Dr. H. A. Black, Parkview Hospital, Pueblo, and Dr. B. B. Jaffa, Denver General Hospital.



E. MURIEL ANSCOMBE,
Superintendent, Jewish Hospital,
St. Louis, Mo.

Missouri executives at their annual meeting elected:

President, E. E. King, Missouri Baptist Hospital, St. Louis.

Vice-presidents: Cordelia Ranz, Audrain County Hospital, Mexico; Miss L. Eleanor Keely, Boone County Hospital, Columbia, and Mrs. Mary Keith, St. Louis Maternity Hospital.

Executive secretary, Walter J. Grolton.

Trustees: Miss Anscombe; Cleo Patton, Calloway Hospital, Fulton; V. Ray Alexander, St. Louis City Hospital; Anna A. Anderson, Children's Mercy Hospital, Kansas City; Gertrude E. Copeland, Independence Sanitarium, Independence.

Rev. F. P. Jens, Deaconess Hospital, pronounced the invocation as the sessions began, and the Rev. R. D. S. Putney, St. Luke's Hospital, assured the visitors that they were welcome. A discussion of geographical memberships in the A. H. A. and suggestions for meeting today's economic conditions, the latter by Dr. B. A. Wilkes, concluded the first meeting, after committee reports had been heard.

Frank J. Walter, St. Luke's Hospital, Denver, president, Colorado Association, was chairman of the afternoon session, in which a discussion of laws affecting hospitals was presented by James A. Singer, St. Louis attorney. Mr. Singer urged

that hospitals make use of lobbies in attempting to obtain helpful legislation. His remarks amplified suggestions made by Dr. Bert W. Caldwell, executive secretary, American Hospital Association, who pointed out that lien laws, laws protecting hospitals against fraud, and laws to give preference to hospitals equal to that of undertakers were needed in many states. Dr. M. T. MacEachern, American College of Surgeons, presented an exhaustive paper on qualifications, training, and responsibilities of record librarians, and J. P. Jacobs, credit manager, Missouri Baptist Hospital, told of the advantages of a cooperative plan for exchanging credit information which recently was put into effect by a number of St. Louis hospitals.

The banquet was one of the most enjoyable in the history of the association. A number of guests from different localities were introduced and there was an unusually fine vocal and instrumental musical program. The principal address was by Dr. C. Rufus Rorem, Rosenwald Fund, Chicago, who sketched some of the facts developed by the studies of the Committee on the Costs of Medical Care. Dancing followed.

Paul H. Fesler, president, American Hospital Association, told the visitors of the service of the A. H. A. as the Friday morning program began, and spoke at some length concerning the efforts of the A. H. A. to hospitalize veterans in civil hospitals. Mr. Foley's paper, which told of the essential importance of a survey, was discussed in interesting fashion by Mr. Smith, University of Oklahoma Hospitals, who stressed the necessity of obtaining a qualified person to make a survey, and by Dr. W. H. Walsh, Chicago. The responsibilities of trustees was the topic of John A. McNamara, Modern Hospital, Chicago. After a discussion of the relative cost of graduate and student nursing, the session ended with three papers on food service, one discussing ward patients, another private patients, and a third engineering aspects of food service. The speakers were Mrs. Lee Shrader, Barnes Hospital, St. Louis; Sister Clara, De Paul Hospital, St. Louis, and G. E. Quick, of O'Meara and Hills, architects, St. Louis. Miss Curry, dietitian, Jewish Hospital, St. Louis, also described some of the features of the food service of that institution.

The convention concluded with a round table conducted by Dr. MacEachern and with the election and the adoption of the report of the resolutions committee.

TEST FOR ACIDITY

If acidity should be high it would show either faulty fermentation or distillation or that raw materials were of low grade. This is one of many tests by which Rossville knows every shipment is high standard.



DEPENDABLE UNIFORM ALCOHOL

Of course, all alcohol is not alike—there are many kinds and grades—but a grade, known by a definite brand name should be and *can* be uniform—if sufficient care is taken it can be held to certain standards. Rossville alcohol is uniform.

Three important factors are behind this uniformity.

1. Rossville alcohol of all grades is constantly tested, checked and double-checked by a dozen tests to verify, maintain, and guarantee uniformity.
2. Rossville production facilities include ample capital resources, strategic plant and warehousing locations, ultra modern manufacturing equipment. They are more than adequate to meet every conceivable emergency and guarantee uninterrupted service.
3. Rossville distilling experience covers a period of 84 years, and at all stages of this history the Rossville product has enjoyed the reputation for maximum quality just as it does today.

Rossville
THE SPIRIT OF THE NATION

ROSSVILLE COMMERCIAL ALCOHOL CORPORATION
Lawrenceburg, Indiana New York, N. Y.

Atlanta, Baltimore, Buffalo, Boston (Everett, Mass.),
Chicago, Cincinnati, Cleveland, Detroit, Grand Rapids,
Kansas City, Mo., Louisville, Newark, New York, Philadelphia,
Pittsburgh, St. Louis, St. Paul, San Francisco

How Theory and Fact of Flat Rate Worked Out in a Year

This Hospital Made Radical Change in Method of Charging for Service to Surgical Patients, After Study of 300 Cases; What Happened During Year of Practice

By GEORGE D. BURRIS

Superintendent, Christian Welfare Hospital, East St. Louis, Ill.

CHRISTIAN WELFARE HOSPITAL is completing a year's experiment of charging flat rates for surgical service—rates which include all ordinary drugs, laboratory and operating room service. The experiment justifies the decision of the hospital to establish this method of charging for service, rather than the former day-by-day bed charge, with extras. The present plan, of course, does not include X-ray service, nor excessive amounts of drugs or laboratory work.

The year's experience of the hospital includes services to 16 appendectomy, one gall bladder, four hernia and three laparotomy patients, who paid the hospital a total of \$1,910.80, which was \$60.80 less than the hospital would have collected under the former daily-bed-plus-extra charge.

Decision to establish this rather revolutionary flat rate service for these types of surgical patients followed a close analysis of a group of 300 surgical patients, a tabulation of whose charges under the old system is given in an accompanying table.

The flat rates offered these patients are as follows:

Appendectomy patients, \$60.

Gall bladder patients, \$60.

Hernia patients, \$60.

The above rates are for 14 days' hospital ward care, and ordinary service in the way of laboratory examinations, drugs and operating room. Unusual amounts of drugs or of laboratory service are charged for extra, and patients who remain longer than 14 days are charged for at the daily bed rate, plus extras.

The above rates, of course, cover only hospital service. The financial arrangements with a physician are made by the patient himself, and the hospital has nothing to do with these.

When a patient reserves a semi-private room, \$1 a day is added to the foregoing schedule, and when a private room is wanted, \$2 a day is added.

The study of 300 surgical cases

gave us something to think about, although they may not prove a criterion for other hospitals. It may encourage other hospital superintendents to delve into the subject to such extent as to uncover in their own records a basis for determining whether or not the method of hospital charges is in need of revision.

Surgery cannot be done in the home. At least, we consider it unwise to attempt it. Medical diseases seem to be in the category of "home therapy." Therefore, the study made dealt more with surgery than medical cases in this particular analysis.

Two specific things brought about the apparent need of taking the time to tabulate these statistics. First, that

it would be much easier to tell a patient in advance how much his hospital bill will be for a certain operation his doctor has advised him to undergo. Second, the hospital should offer the lowest rates possible, yet be able to check the accounts to see that the rates are adequate to prevent loss.

Three common causes for operations were considered: appendicitis, gall bladder trouble, and hernia.

All appendectomy hospital charges were analyzed, separating the drug charges, the laboratory fees, the operating room service charges, and the room and board. Gall bladder and hernia charges were likewise separated.

Incidentally, obstetrical cases were

Theory and Fact About Flat Rates

WHAT STUDY OF 300 SURGICAL PATIENTS SHOWED

	Cases	Days	Operating room	Drugs	Laboratory	Long-est stay, days	Average stay, days
Appendectomy	112	1,833	\$1,600	\$926.36	\$512.15	49	16
Gall bladder	18	444	255	318.83	145.10	141	24
Hernia	14	206	185	65.31	60.00	30	14
Obstetrics	67	992	685*	381.55	89.50	18	14+

AVERAGE EXTRA CHARGES, ACCORDING TO TYPE OF PATIENT

	Operating room	Drugs	Laboratory charge	Total "extras"	Average "extras"
Appendectomy	\$14.28	\$ 8.27	\$4.57	\$27.12	\$1.70
Gall bladder	15.00	17.71	8.06	40.77	1.69
Hernia	13.14	4.66	4.28	22.08	1.58
Obstetrics	10.22*	5.69	1.34	17.24	1.25

*Birth room charges.

HOW FLAT RATE PLAN WORKED

	Cases	Average days	Average op. room	Average laboratory	Average drugs
Appendectomy	16	17+	\$15.00	\$3.56+	\$10.90
Hernia	4	14+	12.50	4.00	2.95
Gall bladder	1	18	15.00	4.00	12.05
Laparotomy	3	22+	15.00	11.16+	17.70

The table above represents the findings of a study of groups of different types of surgical patients. The middle table shows the average charges paid by these patients for extras, and the lower table shows what actually happened, as to number of patients and charges, based on a year's operation of the flat rate schedule which was made effective as a result of the study. The year's experience showed that the hospital had charged \$60.80 less than under the daily-bed-rate-plus-extras, but the flat rate service was available only on payment in advance.

COMPACT



...yet each bed is entirely accessible

When space is limited and compact arrangements are a necessity, adequate privacy for each patient is a serious problem.

Partitions and screens obstruct the free movement of beds and equipment---and hamper doctors and nurses in their work.

Ordinary methods of curtain screening require three curtains for each enclosure. This method leaves curtains hanging out in the room, cause gaps between the curtains and thereby defeats the purpose and effectiveness of the screening.

Day's Cubicle Curtain Equipment is an overhead system of curtain screening which provides complete privacy without objectionable features. With this system one bed may be totally enclosed with one curtain. All equipment is suspended from overhead so that the floor is always clear; there is no equipment in the way of patients and attendants. When not in use the curtains are pushed out of the way against the wall.

Thus, with Day's Cubicle Curtain Equipment privacy is possible even with the most compact arrangements---and yet each bed is always and entirely accessible.

Leading hospitals have been quick to recognize the many advantages of this modern bedside screening. We shall be glad to send you the names of several installations in your vicinity so that you may see the practical advantages of this equipment in actual service.

H. L. JUDD COMPANY, Inc. *Hospital Division*

FOUNDED 1817

87 Chambers Street

- - -

New York, N. Y.

H. L. JUDD COMPANY, Inc.

87 Chambers Street, New York City

Please send me "Privacy in the Modern Hospital"—which explains how leading hospitals have solved the problem of suitable screening.

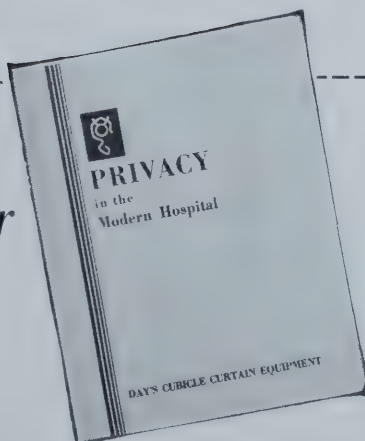
Your Name _____

Hospital _____

Address _____

H.M.-6-32

*Send
for your
copy
of this
booklet*



15 Years Ago—THIS MONTH—10 Years Ago

From "Hospital Management," June 15, 1917

Ohio Hospital Association interested in ways of meeting rising costs of hospital service, at its convention, and hears of a plan by the American College of Surgeons to investigate hospitals. This plan, John G. Bowman told the convention, already was endorsed by Cardinal Gibbons on behalf of Catholic hospitals.

Government buying blamed for increase in commodity prices.

From "Hospital Management," June 15, 1922

Committee on training of hospital executives, financed by Rockefeller Foundation, reports; recommends university course. Suggested curriculum weighted as follows: public health, 20 percent; social sciences, 15 percent; organization, 15 percent; hospital function and history, 10 percent; business science, 10 percent; institutional management, 10 percent; personnel administration, 5 percent; community hospital needs, 5 percent; physical plant, 5 percent; jurisprudence, 5 percent.

Daniel D. Test re-elected president, Hospital Association of Pennsylvania.

Dr. Lewis A. Sexton elected president New England Association at its first annual meeting.

George S. Hoff re-elected president Downstate Association of Illinois.

A. H. A. announces plans for convention at Atlantic City, first to be held outside a hotel.

taken into account to such extent to make a check on enough cases to determine whether or not the already established flat rate service for these cases covered the regular charges; or, in other words, were we getting as much as we should if we based our rates on the day-by-day system.

The appendectomy cases averaged 16 days' stay. The patients paid on an average of \$14.28 for operating room service. The average drug bill was \$8.27, which covers dressings also. Laboratory work averaged \$4.57 for each patient. The longest a patient remained in the hospital was 49 days. These figures are based on 112 cases.

The next most common cause for operations is gall bladder trouble. Eighteen cases were studied, these having an average stay of 24 days. The longest time spent in the hospital was a case requiring 141 days of service. The average charge for operating room service in these cases is \$15.00, while the drugs and dressings averaged \$17.71. The laboratory charges were averaged as \$8.06. It was noted that only two of the 18 cases of gall bladder trouble had X-ray service.

Hernia cases averaged 14 days in the hospital. Of the 14 cases tabulated, the patient paid on an average of \$13.14 for operating room, \$4.66 for drugs and dressings, and \$4.28 for laboratory work.

Sixty-seven obstetrical cases showed an average stay of 14-plus days, averaging \$10.22 for birth room service, \$5.69 for drugs and maternity supplies, and \$1.34 for laboratory work.

It was noted that in practically all the appendectomy cases the drugs used were almost the same in each case. There also was very little difference in the drugs used in the hernia cases, compared with appendectomy cases. Gall bladder cases, however, seemed to require more drugs and

dressings, as indicated by the tabulation.

As a result of this study, a flat rate or inclusive rate was set for these cases and for a year we have been accepting patients under this system. We find we have lost a little by doing this when we consider that we allocate to each department its usual earnings. However, the flat rate is payable when the patient is admitted; therefore, we have no collection charges and have benefited thereby. A study is now being made of the flat rate cases to determine further facts.

Looking at the average daily charge to the appendectomy cases of \$1.70 for the "extras" (which include the operating room, drugs, dressings and laboratory work) it would seem practical to base hospital rates on that figure for these "extras." All the other averages appear to be the same, but they do not work out that way. Suppose a patient remains in the hospital only seven days. Based on the \$1.70 rate, the hospital receives only \$11.90, which is not the average paid for operating room, and the other items are correspondingly misleading. It is not uncommon for a patient to be sent home on the seventh day after his admission to the hospital. It is true, they may not be sufficiently recovered to justify going home, but the attending physician gives his permission, providing they go in an ambulance.

A great many of the objections to hospitals offering flat rates to patients have been voiced by members of the medical profession. First of all, the doctors very seldom tell a patient what the surgical services for an operation will cost. The doctor knows, however, the hospital rates for a week's room and board and has a general idea of the other charges. It would seem the doctors would be better informed by knowing that a flat

rate for an appendectomy operation was available at the hospital, although, of course, they should not make the financial arrangements with the patient for the hospital bill. This matter should be left for the patient and hospital authorities.

After all, it is the aim of the hospital authorities to offer rates within the reach of the public, whether it be by the day or by the week, or a flat rate for everything for a certain number of days. In our case we believe we have found the ideal way, which is the flat rate or inclusive rate for certain kinds of medicines and two weeks' stay in the hospital. Should a patient need the extraordinary drugs, he pays extra for them. If he remains over the 14 days, he pays the regular rates for the room occupied and all other items needed for his care.

We are in the midst of new problems. We will find we are able to do more than we think we can if we stick to the everlasting job of "seeing for ourselves."

STUDY FROZEN FOODS

Valuable research in the frozen food field is being conducted by the agricultural experiment stations in a number of widely scattered states, it is disclosed by a preliminary survey made by the Frozen Foods Association of America. The determination of what fruits and vegetables are best suited for preservation by freezing is the aim of most of the experimentation now being carried on, and in a number of cases the particular varieties of fruits and vegetables which can be frozen most satisfactorily are gradually being decided upon. The fact that a frozen product is in such a shape that it can be shipped without any of the attendant dangers which are inherent in shipping fresh products, makes it possible to consider as candidates for freezing, many of the more delicate and highly flavored varieties, both of fruits and vegetables, which hitherto have been grown only in small quantities because of the impossibility of shipping them long distances.

Life history of a towel

CANNON Towel No. 770 (pictured below) was born of hardy stock. In every fiber of its being ran the finest long-staple cotton. It promised exceptional longevity (a family characteristic) and its fluffy, thirsty, sturdy body assured a lifetime of real service.

In 1929, No. 770 was selling at a bargain price—lower than any other towel in its class.

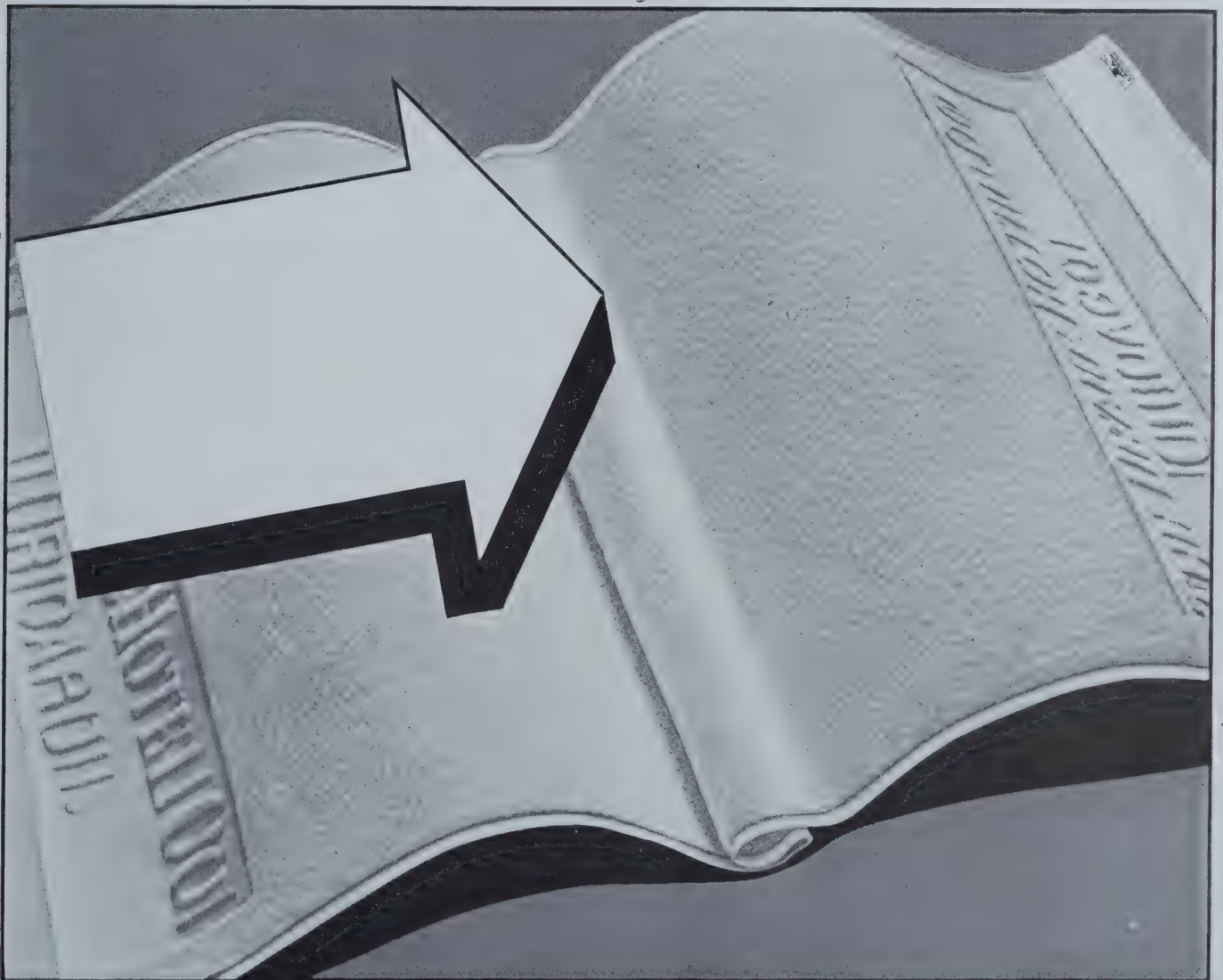
Came 1931. The costs of cotton and other raw materials reached their lowest ebb in thirty years. Now, in 1932, this same Cannon towel is selling for *thirty per cent* less than its low-down 1929 price!

And of course in three years' time, little ways were

found in which this towel—and every other towel in the Cannon line—could be made still better, promising a still *longer, more* satisfactory service-life.

If you've waited for the bargain of bargains before you renewed your present linen supply, your waiting is at an end. Let your jobber show you this super-value and all the other extraordinary buys in the Cannon line—*now*. . . Cannon Mills, Inc., 70 Worth Street, New York City. World's largest producers of towels and sheets.

Cannon towels are manufactured in accordance with Simplified Practice Recommendations No. 119-31 U. S. Dept. of Commerce Bureau of Standards.



C A N N O N T O W E L S

"You Can't Run a Dietary Department Entirely by Reports"

Food Control Director Points Out Some of the Causes of Waste and Dissatisfaction in Hospitals; Explains Real Meaning of "Food Control"

By W. M. MEYER

Control Director, Meyer Brothers Food Control System, Chicago

MY business is food control and I will endeavor to explain without going into too much detail what is meant by food control.

Food control has convinced many hotel, club, restaurant, and hospital operators that there is considerable waste in their food departments, caused by a great many factors.

When the words "food control" are mentioned, it usually brings to mind:

First, smaller portions.

Second, inferior quality of food.

Third, interference with the prescribed diets ordered by the physician.

This is not the case, however.

Nowadays in all lines of business, science is being employed to develop more efficient methods to reduce costs. There is need for such methods in the dietetic department on account of perishable food, which, if not used in time, will be a loss to the operator. Another reason is that the personnel changes constantly.

Briefly, a practical and efficient food control system means:

First, control of purchasing.

Second, standardization of portions.

Third, control of preparation.

Fourth, reduced food cost per meal served, without lowering the standard of service.

One person is usually delegated and is responsible for all food purchased in the dietetic department. If the cost per meal goes up, he or she will be informed by the superintendent, but usually little is done about it.

After a great deal of investigation I can confidently say that almost all buyers are honest and work to the

"About 95 per cent of waste is caused by other factors than petty thievery."

"Keep in mind that quality is cheapest in the long run."

"I have found that most dietetic departments are running a great guessing contest and they have been mighty poor guessers."

"It is impossible to run a dietetic department efficiently entirely by reports."

"Food service without food control is just like a watch without hands. The time passes, but you don't know what time it is."

best of their ability and interest of their employer. Petty thievery relatively makes up only a small percentage of waste. About 95 per cent is caused by other factors.

The average buyer believes that the methods of buying he learned years ago are still good enough for him to use today. We live in a time of change. Soon these buyers will realize that they are standing still, and if they do not change with the times they go backwards, and their jobs will be filled with younger men who have adopted more modern, practical and efficient methods. There is an old saying that "you can't teach an old dog new tricks," but also remember "where there is a will, there is a way." You, too, can adopt these scientific methods. We are never too old to learn.

Concentrate your buying power and abolish standing orders; it means reduced cost.

By carrying small cans of fruits and vegetables for special orders you

eliminate waste and spoilage.

Study market conditions and you will find that there are times in the year when it is cheaper to serve fresh vegetables.

Keep in mind that quality is cheapest in the long run.

In spite of the fact that a buyer, as a rule, has many years of experience in buying food, he is not always aware that he often buys cuts of meat for certain dishes at an unnecessarily high price, while the same result could be obtained by using the right cuts at a considerable reduction in cost.

For example: A hospital purchased No. 1 sirloin butts at 30 cents per pound for the purpose of making pot roast. By the time this meat was trimmed and boned, the cost per pound was practically doubled. Boneless chuck is richer in flavor and makes a better tasting pot roast. This cut of beef is recommended by all large packers for this purpose. The cost is only about half as much as the cost of No. 1 sirloin butts.

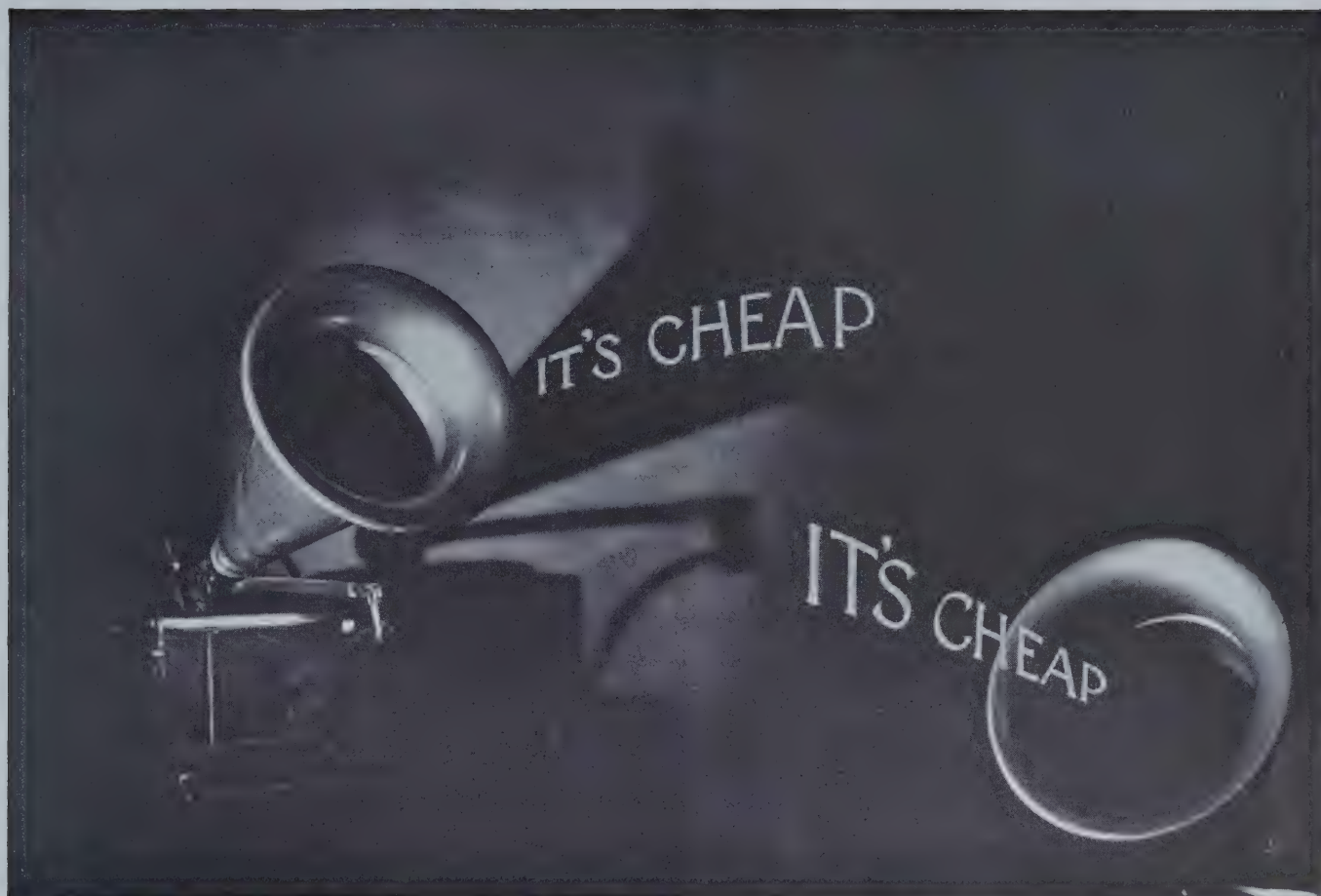
In one place I found that they were using fancy apples for apple pie instead of bushel apples, at about half the cost.

In another instance, California oranges, size 126 per case, which is an orange to be served sliced or whole, were used for orange juice. By using a Florida orange, size 180 or 216 per case, the cost will be reduced considerably, as Florida oranges are juicier than California oranges.

I am just citing a few instances of hundreds of food items which are not used to the best advantage.

With further reference to the standardization of portions, it is necessary to know:

This paper was presented before the 1932 convention of the Minnesota Hospital Association. At the time he prepared these notes the author was making a study of the food service of the Kahler Corporation, Rochester, Minn.



BEWARE! of these two little words!

Low price is a weighty argument in favor of any purchase. But low price is often confused with cheapness. And a cheap piece of goods is never a bargain. Obvious? In these days one often overlooks the obvious. Remember, challenge every product that is abnormally low priced. When all you can say for it is that it doesn't cost much, don't buy it!

* * * * *

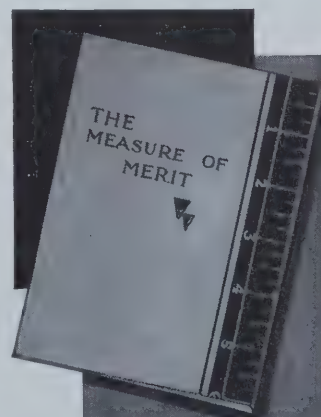
The Ideal Food Conveyor System is the lowest priced meal distribution method a hospital can employ. Low price is the result of low production cost despite the su-

perior design, construction, workmanship and the high quality of materials used in Ideals. Ask to have your meal distribution needs appraised and specifications submitted. No cost to you for this service.

Ideal
Food Conveyor Systems

Manufactured by
THE SWARTZBAUGH MFG. CO.
Toledo, Ohio

Every hospital superintendent, every member of the board, every executive should read this little book. We will be glad to send gratis sufficient copies to your hospital. Write for them.



First, how many slices of bread in each loaf.

Second, how many slices of ham per pound.

Third, number of portions per pound of cheese.

Fourth, ice cream servings per gallon.

Fifth, number of portions per pie.

Sixth, ounces of beef, fish, or poultry per serving for various diets.

Seventh, ounces of milk and cream per serving.

Eighth, number of pieces butter per pound.

Standard portions will guide the chef in preparing the correct amount of food, thereby eliminating overproduction and waste.

The preparation of food is usually left to the judgment of the chef, in spite of your plan of organization. In most cases the chief dietitian informs the chef as to the number of meals required for each meal. The number changes constantly and makes it more difficult to prepare the right amount of food. Food analysis in some hospitals showed that with a decrease of 15 per cent in the number of meals served, the total food consumed remained the same, thereby increasing the cost per meal. Lack of constant supervision is to blame; there should be a very definite tie-up between production and service.

An inspection one night revealed the following facts:

First, five gallons of orange juice left in icebox, which should not be served the next day.

Second, 27 pies left over.

Third, four gallons coffee left over.

Fourth, in the garbage can were found approximately two gallons of sherbet, one gallon beef stew, and one gallon creamed potatoes.

A great many of you will say, "That does not happen in my hospital," but do you actually know? From my observation I have found that most dietetic departments are running a great guessing contest, and they have been mighty poor guessers.

The special kitchen and various diet kitchens often order food in great excess to the number of meals served. Most of this food usually finds its way to the garbage can because the persons ordering do not like to admit to the people who have prepared it that they over-ordered.

It pays to use slicing machines, specified sizes of cups, glasses, bowls, etc., and, of course, modern equipment in the kitchen.

The installation of a practical food control system is the only solution to remedy the above mentioned condi-

tions, because it requires constant supervision of a full time food engineer to co-ordinate the buying and production of food with the service department. The superintendent, dietitian or chef has not the time to do it competently, even though they may have had special training in this field. It is impossible to run a dietetic department efficiently entirely by reports.

The superintendent of one hospital was astonished by the fact that the butter consumption doubled after the installation of a food control system, in spite of the fact that the cost per meal served was reduced from 16½ cents to 11 cents. I recommend butter for cooking.

Food service without food control is just like a watch without hands. The time passes away, but you don't know what time it is. It is true

enough that without food control you know at the end of each month your cost per meal served, but you do not know the entire story and therefore you are unable to rectify mistakes. Don't think or guess; know what you are doing.

In the past ten years I have organized food departments of many leading hotels, clubs, restaurants, department stores, cafeterias and hospitals, and in every case I have been able to show a substantial departmental saving. In most surveys I have made, my fee has been contingent upon the amount saved. After making an analysis of any food department, I submit recommendations to fit the institution, since every hospital presents a different problem.

Let food control enlighten you in your dietetic department. It should cost you nothing.

Who Should Be Manager of the Dietary Department?

By REEVA HINYAN

Chief Dietitian, California Hospital, Los Angeles, Cal.

IT was with a great deal of interest that I read the article entitled "Hospital Food Is Only 'Good Enough'" in the March issue of HOSPITAL MANAGEMENT.

I heartily agree with Chef Monsul that to produce good, palatable food for patients, nurses, staff, and employes, there should be centralized authority designated to those responsible for the food.

The chef in a hospital of 100 beds or more should be an educated, experienced man who is responsible to the dietitian only for all of the food service in the hospital. If he does his work as it should be done, giving minute supervision to every detail, and is responsible for all of the kitchen work, that will just about consume all of his time. He would not have time to go to the markets, interview the salesmen, purchase the food, make out the menus, and keep a detailed account of the daily dietary expenses, as well as hire and discharge the employes.

I believe that the chef should be able to discharge any inefficient employe in his department and also pass on any new ones who are to come under his jurisdiction.

In some hospitals an entirely different department such as the house-keeping or manager's office does the hiring of all employes. This can never be a satisfactory arrangement, as the employe knows that he is re-

sponsible ultimately to the one who hired him, and a disinterested person cannot know all of the qualifications demanded of a new employe.

The modern trend in writing special diets is to make them as near like the general menu as possible. Changing or making additions as are necessary to follow the diet prescription. For example, a nephritic diet, unless there is a salt restriction, can be just like the general menu with the addition of an extra vegetable or a meat substitute in place of the meat.

Thus, it is seen that to prepare menus for patients it is necessary to have had sufficient education in diet and disease to make one conversant with all of the hospital patient's needs. This is why a trained dietitian is employed and is also the reason that a chef cannot, or rather I should say does not, fulfill the educational qualifications. He may have had years of experience in the kitchens of some of the finest hotels, restaurants and hospitals in the country, but this experience cannot entirely take the place of the specialized education and training which is required of the dietitian.

There is no reason for having any of the special diets except those that are weighed in an entirely separate department. Where this is the situation there is too much duplication of food preparation. The majority



May we send this to you, **FREE?**

Superintendents of hospitals throughout the country who have seen this survey have said many complimentary things about it. Repeatedly, its value has been pointed out. And some have gone so far as to say—"it is the most comprehensive study of its kind ever produced."

It was made for us by a leading research company, at considerable expense. The investigators took months

in their search through nineteen States *for the facts*. Those who are concerned with the "business end" of a hospital will find many interesting facts and figures.

The coupon below will bring you a copy with our compliments. . . . **KELVINATOR CORPORATION**, 14246 Plymouth Road, Detroit, Michigan. *Kelvinator of Canada, Ltd., London, Ontario. Kelvinator Limited, London, England.*

Kelvinator⁽⁵⁵⁶⁾



C O U P O N

KELVINATOR CORPORATION, 14246 Plymouth Road, Detroit, Michigan

GENTLEMEN: Please send me a free copy of your survey—"Cool Water and Your Profits".

Name _____ Hospital _____

City _____ State _____

of special diets in most hospitals today are not restricted as to salt and sugar, and so the cooking for them can be done under the chef's supervision. The general menu should be followed as closely as possible to avoid waste and duplication.

I find that one profits greatly from the contact with the patients in learning whether the quality and service of the food is of the highest standard. The patient does not mind commenting freely about his food, and this message the dietitian can transmit easily to the chef. It would, of course, be impossible for the chef to visit the patients. Also, the dietitian is in direct contact with the medical staff and can learn from them what they desire their patients to have.

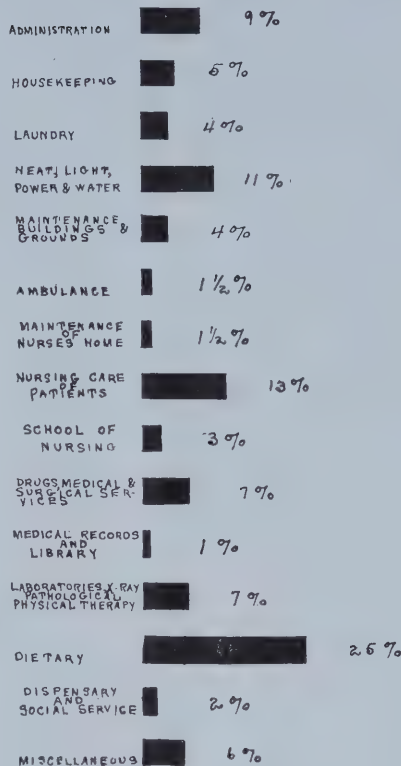
The dietitian should and usually does attend the meetings of the department heads to keep her in close touch with the management of the hospital. These meetings occur in the morning when it would be impossible for the chef to attend, as he is busy supervising the food preparation for the day.

The dietitian is also in a position to know and able to figure the daily food costs, and that is another reason that she should do all of the food purchasing. She cannot make out her menus intelligently if some one else does the buying for her. A disinterested buyer may be able to get a good price on some article of food, but it may be impossible for the dietitian to use that particular item for several days, thus incurring a great waste.

The leftover food which accumulates should be put on the menu for the employees, and if the hospital has a cafeteria it is an easy matter to dispose of odds and ends. It is only through close cooperation between the chef and dietitian that this can be taken care of. I visited a hospital not long ago where the dietitian made out the patients' menus and the chef the employees'. On the steam table for one meal were four kinds of beans prepared in various ways. Baked beans, bean soup, string beans, and kidney bean salad. The chef in his zeal to use the leftovers had overlooked the fact that he did not have a balanced menu and had carried the duplication too far even where the patrons had a choice.

In another hospital the chef planned the patient's menus and the dietitian only had charge of the special diet. He gave the patients hominy and baked potatoes every Sunday night for supper. As he never checked the returned trays for waste, he did not realize how unbalanced his menu was and he had no

EXPENSES



Note how dietary expense looms up in this chart of expenses of the Hackensack, N. J., Hospital, of which Mary Stone Conklin, R. N., is superintendent. From the hospital bulletin.

opportunity of visiting the patients to find out that his Sunday night menu was very unpopular. The dietitian was so intimidated that she did not dare tell him.

I believe that it is absolutely imperative that the dietitian work with the chef in all matters pertaining to the food service and handling to develop the best type of food service.

I also think that the chef and his assistants should be responsible for the serving of the foods to the patients; a good dish has often been ruined in serving. Of course, this is only possible where the hospital has central service and the tray reaches the patient having been prepared and served just as the chef would have it.

We have all probably had the experience in seeing food served from a floor diet kitchen by an inexperienced

floor maid or nurse with no conception of how food should be dished or garnished. This sort of thing will take the heart out of any chef, who probably has spent a good deal of time and effort in trying to turn out a palatable and attractive food, and as we all know, 75 per cent of the enjoyment of eating is obtained through the eye. An attractively served tray will go a long way toward getting the patient to eat it.

I agree with Chef Monsul that the chef should have full authority over the department under him, but I feel that he should be responsible to the dietitian only. If she wishes any change in the food service or different instructions given to any of the kitchen employees, this should be done through the chef and not with the individual employee. Nothing should be done to minimize his authority in the kitchen.

I believe that the chief difficulty that chefs and dietitians have to contend with in giving a high type of food service in the hospital is that the hospital authorities expect too much of the inferior employee. The scale of wages is too low, and cooks, salad makers, vegetable cooks, etc., must be hired with little or no experience, whereas the first class hotel can obtain the best experienced employees because their wage scale is much higher. Also the salary paid the chef is usually very much higher in hotels, thus obtaining the best in his line.

In summing up I believe that the dietary department should be managed by a dietitian with executive ability and that her duties should include purchasing of all of the foods, preparing menus, and hiring of her employees. Her qualifications should be such that she can give and receive cooperation from the chef, nurses, and staff.

WATCH FOR HIM

The Indiana Hospital Association recently received a letter from H. K. Thurston, superintendent, Ball Memorial Hospital, Muncie, who wrote:

"We believe we have been the victim of a fraud on the part of a Mr. 'W. A. Parker,' who called at our hospital and claimed that he was employed by a publishing company of Chicago. His plan was as follows:

"He would take a list of the names of firms with whom we do business and would solicit them to advertise in a set of magazine binders which he was to furnish free to the hospital, together with one year's subscription to seventeen magazines.

"We have secured the binders, but have failed to receive the magazines.

"Insert a notice in the next issue of the 'Hoosier Harmony' to warn other hospitals. Would you also write a note asking any hospitals to whom such a proposition might have been presented to call us by long distance phone collect?"



COOKING FUEL COSTS

CUT \$400⁰⁰ • A MONTH BY
HOTEL SHERMAN, CHICAGO

A
“Facts *and* Figures”
story . . . for every
manager who wants
to cut cooking costs

EARLY in 1930 the Hotel Sherman Company, Chicago, decided to save money by replacing obsolete cooking equipment. New Vulcan, All-Hot-Top and Open Top Insulated, Heat Controlled Gas Ranges, Vulcan Deep Fat Fryers, Radiant and Salamander Broilers were installed.

Mr. Albert H. Byfield, Vice-President, wrote recently: “The last seven months of 1930 cost us \$7,003.00 in gas. The corresponding seven months of 1931, during which time we used the new ranges, showed a corresponding cost of only \$4,017.00. January, 1932, shows a saving of approximately \$400.00 as compared to the average of the preceding four years,

and February is nearly as good.”

The new equipment paid for itself in eight months out of the \$400.00 a month savings in fuel . . . and now the \$400.00 monthly saving is clear gain.

Everyone may not be able to show as large a saving, because the operating cost is based on amount of equipment, cooking done, age of equipment and fuel. But, we do say that it will be to the advantage of managers of hotels, restaurants, clubs, hospitals and schools to look over their cooking equipment, figure the cost of operation and find out the Vulcan story.



5 WAYS THE NEW VULCAN GAS EQUIPMENT CUTS COOKING COSTS

1 Heat losses and gas consumption in oven cooking reduced by heavily insulated oven walls.

2 Over-heated ovens and resultant food shrinkage and waste of gas prevented by oven heat control.

3 Oven heat used more effectively in baking and roasting by improved flue system.

4 Top cooking made more efficient by All-Hot-Top. Heat of one burner spreads under entire top. All rings of burner quickly heat the top. Then one ring keeps it hot economically.

5 Labor costs reduced because range requires less watching due to automatic control . . . smooth front of range is kept clean with less work. More comfortable working conditions increase the efficiency of help.

STANDARD GAS EQUIPMENT CORPORATION
20 EAST 41st STREET, NEW YORK CITY
New York . Philadelphia . Baltimore . Chicago . Boston . Birmingham
Pacific Coast Distributor . . . Northwest Gas & Electric Equipment Co. . . . Portland, Oregon

VULCAN EQUIPMENT MAKES GAS THE MODERN EFFICIENCY FUEL . . . CLEAN, FAST AND ECONOMICAL

Persistence, Tact, Ingenuity Needed By Out-Patient Dietitian

Numerous Difficulties Faced in Making People in Low Income Group Understand the Necessity of Strict Adherence to Diet Plan; Dietitian Must Be Salesman

By ZELIA L. KESTER

Instructor of Nutrition, Indianapolis City Hospital.

NUTRITION is playing each year a larger part in the medical treatment of disease. The patient is an individual, and among his most personal characteristics are his habits of eating. Any prescribed diet should be built around his scheme of living. He is entitled to a diet which is (1) nutritionally sound, whose fundamental principles he understands; (2) economically possible for him to include in his budget; (3) personally consistent with his personal, social, and racial traditions.

With the discovery that certain diseases are due to defective feeding and that proper diet affords relief in other diseases, it becomes obvious that the dietary department ranks with the pharmacy, the laboratory and the operating room in saving life and affording relief from sickness and disease.

Hospital food properly cooked and served has an educational value to the patient, who remembers everything that happened to him while in the hospital and recounts it to himself and others many times after his return home.

Patients eat food, not calories. The simpler foods such as green vegetables, cereals, milk, eggs, butter, broth, soups, fruits, chicken and meat properly prepared in a balanced diet continue to be the most suitable present day foods, both for the sick and the well.

Some of the common diseases in which dietary advice is necessary are as follows:

1. Diabetes.
2. Gastro-intestinal disorders.
3. Various types of constipation.
4. Colitis and gall bladder disease.
5. Obesity—whether it be secondary to such diseases as tuberculosis, chronic cardiac disease or whether it be due to faulty food habits.
6. Two relatively new fields are those of the diet therapy of anemia and asthma. Since Minot's use of the liver diet in anemia there have been many ways of

From a paper before a meeting of Indiana Dietetic Association.

"Patients eat food, not calories."

"A difficult patient presents as interesting a problem as weaning a baby."

"In the hospital the dietitian achieves a therapeutic result through administration; results with out-patients come through salesmanship."

"A woman is always the family dietitian."

"The average diabetic is past forty. Fractions and percentages have long been forgotten."

preparing liver so that it may be taken without becoming tiresome. A patient who has been found sensitive to wheat and eggs, for example, should be taught the various food products and mixtures in which such substances may occur as well as the substitution which may be made.

7. Nephritis and hypertension.

8. The deficiency diseases all require a careful dietetic regime for prevention and cure.

One must fit the patient's diet to that of the family.

If a patient leaves the hospital with a diet prescribed for him, granted a co-operative patient, an intelligent and understanding wife or mother, and an income sufficient to meet special diet costs, doctor and dietitian can safely rely on the patient following out instructions. But when these favorable conditions do not exist, what happens to the diet after the patient closes the hospital door behind him?

In the Moore family, ten-year-old Jack was a diabetic. Mr. Moore never earned more than \$20 per week, but for a time was unable to work at all because of a foot injury.

Mrs. Moore, by rigid economy and actual sacrifices, had followed Jack's diet to the letter, but with the most careful management she had not been able to provide this diet for less than \$6 per week. Jack had always had fresh peas, though they cost 50 cents per pound, and heavy cream, though there was not enough money left to buy sufficient milk for the other children. Because of the special diet and attention, Jack developed a serious behavior difficulty.

When the mother appealed to the dietitian, Jack's diet was worked out as far as possible of the kind of food the rest of the family were eating. The cost of the new diet was only half of the original one.

Food habits and food idiosyncrasies should not be catered to unduly. Many food habits are bad and must be changed. A difficult patient presents as interesting a problem as weaning a baby. New foods are introduced one at a time. The chances of a patient's following a special diet are certainly much greater if it is reasonably well adjusted to his particular food habits.

A man with a vague gastro-intestinal condition was given a printed slip for simple bland diet to follow. Upon the next visit it was learned he could not follow the diet for he couldn't read.

A woman with a duodenal ulcer is told that she must drink a mixture of milk and cream five times a day and eat from four to six eggs per day. By the middle of the week she found that she could not obtain the food because the charitable agency from which she had been getting money was exhausted, and the patient went back on the regular family diet.

An obese woman was given a reducing diet but returned to clinic without a pound lost. Upon close questioning it was learned the patient had been drinking considerable "home brew," which she did not look upon as contraindicated.



Every Tuesday and Thursday Night



JOE PALOOKA



THE DUMB, LOVABLE STORE CLERK WHO FIGHTS HIS WAY TO THE WORLD'S
HEAVYWEIGHT CHAMPIONSHIP

*You'll laugh with him! You'll cheer for him!
You'll like him!*

Joe Palooka is sent to you through the courtesy of Heinz Rice Flakes — "One of the **57** Varieties." Broadcast over a coast-to-coast hook-up

of the Columbia Broadcasting System. Look for the time and station nearest you on the radio page of your newspaper—and listen in!

The dietitian must concentrate her effort and reduce her approach to the simplest possible terms. In the hospital she achieves a therapeutic result through administration. Results with out-patients come through salesmanship.

The diabetic is taught the essentials of a normal diet, and the application of these principles to the diabetic needs. They are taught to plan an emergency diet and the preparation of foods particularly useful in diabetic diets.

It is hardly necessary to emphasize the necessity of teaching the diabetic patient the quantitative measurement of his food. To teach dietary arithmetic to some of our patients requires days and weeks of patient effort. Many times, when the patient returns to us in the out-patient department, we find our efforts have made only little impression. After teaching some diabetic just how much of, say, the 5 and 10 per cent vegetables he should eat each day, we have had the experience of having him return, eating as much as he desires of these particular foods. His excuse being that he has been told he could eat the foods in that list.

One thing we must remember is that a woman is always the family dietitian. This is true whether the diabetic is a man or woman. The average mother is not in daily contact with problems of percentage. If we tell her that orange juice is 12

per cent sugar and ask how much there would be in a glass full, the problem is quite foreign to her, but if we tell her a glass of orange juice contains six teaspoonfuls of sugar, she is able to visualize it.

The average diabetic is past forty. Fractions and percentages have long been forgotten and the flexibility of the mind of the school child has been largely lost.

In most public schools fractions are taught in the fourth grade, and percentage in the sixth grade. To calculate the number of grams of CHO, protein and fat, the diabetic should have a sixth grade education or some member of the family who has had that education should be taught to figure the diet. We have to learn to adapt our method to the mentality of the patient.

Some of our diabetic patients can neither read nor write. The only thing we can do is to demonstrate over and over again the amount of food to be eaten. The patient is taken to the diet kitchen and shown how much food is prepared for his individual meals. The quality of food is emphasized. Great attention must be paid to this patient's financial status.

Another group of patients have had less or an equivalent to a fourth grade education. These patients know fractions and can measure in cups marked fourths and thirds. This diet is appropriate for the patient

with a mild form of the disease and is ambulatory.

The severe diabetic who needs a large dose of insulin needs a weighed diet. But often after days of effort to teach the exact method of calculating and weighing his diet he can not grasp it, we feel justified to teach a more simple method.

We teach the patient (1) the purpose of the diet, (2) the sugar and starch containing foods, (3) the protein and fat containing foods, (4) the units of measure, 100 gram portions of vegetables, fruits, and meats, and the weights of a slice of bread and crackers, etc., then (5) the construction of the diet.

In teaching any diet the dietitian should know the following things about her patient:

1. Nationality
 - a. Dietary laws
 - b. Typical foods
 - c. Customs
 - (1) Special food days
 - (2) Holidays
2. Financial situation
 - a. Number earning
 - b. Total income
 - c. Possibility of sufficient food
 - d. Connection with an agency
3. Environment
 - a. Kind of family
 - b. Occupation
 - c. District in which family lives
 - d. Possibility of co-operation
 - (1) Mentality
 - (2) Education

The patients may be taught through lectures, food exhibits, demonstrations, and conferences.

What Doctors and Research Workers Have Learned About Tomato Juice

By DR. WALTER H. EDDY
Columbia University, New York

THE inherent qualities of tomato juice as an important factor in maintenance of health and treatment of disease have been substantiated by so many authoritative sources that physicians and hospital executives may well give the established evidence more careful study than has hitherto generally been accorded it.

Not only have dependable authorities established the rich vitamin content of tomatoes and tomato juice, but they have also shown that the ordinary commercial brands of tomato juice put up in glass or tin containers retain to a very high degree the vitamin efficiency and corrective properties of the fresh vegetable.

This is important in that it increases greatly the convenience and availability of an inexpensive natural product and consequently increases the probabilities that recommendation for its use will be followed.

VITAMINS PRESENT

I summarized results of experiments made with the assistance of E. F. Kohman and Celia Fall, of Columbia University, in a report, June 16, 1930, as follows:

"The Vitamin A content of tomatoes is practically unaffected by the commercial processes to which tomatoes and tomato products are commonly subjected. It is removed if the pulp is filtered out.

"The Vitamin B content of tomatoes is apparently somewhat affected by certain processes where excessive exposure to oxy-

gen is not avoided. Filtering with Celite lowered the Vitamin B content, but it was not definitely established that this was due to absorption by the Celite.

"Vitamin C in tomatoes is apparently quite stable to heat if oxidation is avoided."

A concise summary of other experimental findings states that the packed tomato is much fresher than the "fresh" vegetable bought at the market, and of finer flavor, because the commercial packers of tomato products necessarily buy in large quantities direct from fields adjacent to the cannery in order to save loss of moisture content, and because, when the packer gets his tomatoes, he immediately cans the choicest with utmost speed, thus preserving



WORTH A LOT TO ANY HOSPITAL

His Eagerness to Eat

WE know of one hospital—there are probably many others—where the simple expedient of changing the china on a patient's tray has speeded recovery, after all other means had failed. The same food simply by looking better tasted better—eating became a pleasure instead of a monotonous duty.

In this same hospital, accurate cost records completely explode the mistaken belief that a "home-like" pattern and shape runs higher in breakage cost than clumsy, conventional ware. This is not as surprising as it may seem, for there are demonstrable qualities in Syracuse China which "show through" in any cost comparison.

First, Syracuse China is thoroughly vitrified, non-porous and exceptionally strong. Second, the color pattern is *under* a protecting surface glaze—no marring, no fading. Third, special improvements in shapes—such as few handles—speed and simplify

serving, scraping, stacking and storing. Fourth, capacity, adaptability and interchangeableness have been carefully studied so that every diet may be economically and promptly assembled.

There is a dealer near you with a wide assortment of "home-like" patterns suitable for hospital use. See them. If you cannot locate him readily, address our Syracuse Office and we shall send you his name. At the same time, perhaps you would like some color suggestions for your own individual patterns. These will be sent without obligation or cost.

Onondaga Pottery Company, Syracuse, New York.
New York Offices: 551 Fifth Avenue. Chicago Offices: 58 East Washington St.

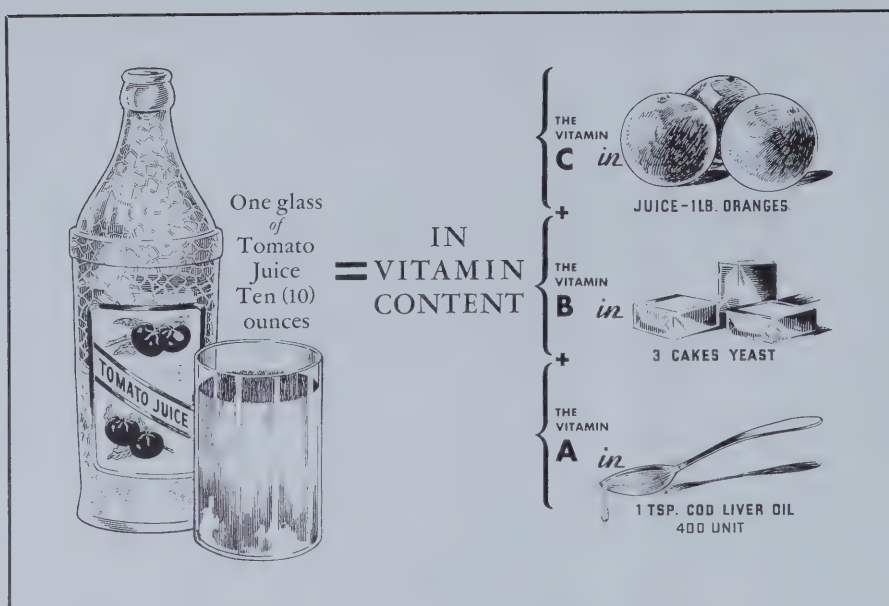
SYRACUSE CHINA

A PRODUCT OF
ONONDAGA POTTERIES

"Potters to the American People Since 1870"



One of the seven trays pictured and described in the booklet "The Perfect Tray" by Helen Evangeline Gilson, chief dietitian, Pennsylvania Hospital, Philadelphia. A copy will be sent on request.



Relative food value of tomato juice

the flavor and quality and preventing the damage which is unavoidable when the crop is handled and rehandled by commission men, dealers and consumers.

Another advantage gained in the use of packed tomatoes, tomato juice, etc., is that these products are subjected to heat in their preparation for the market.

"The process of preserving food by heat," says Dr. E. O. Jordan, professor of bacteriology, University of Chicago, "possesses the enormous advantage that the vast majority of the known disease germs are killed by even a few minutes' exposure to the temperature of boiling." The use of cooked food, therefore, constitutes one of our greatest safeguards against the entrance of disease germs and other parasites through the mouth.

Other facts set forth in favor of the canned or bottled natural food products are:

1. Chemical preservatives are unnecessary when foods are properly sterilized.
2. Sanitary conditions in commercial packing plants in the United States rank very high.
3. As far as flavor is concerned, the difference between commercially packed foods and the raw products is much the same as between cooked and raw foods.
4. All waste material having been trimmed away, there is economy in the fact that the entire contents purchased is usable.
5. Oxidation, which destroys the vitamins, is not permitted to operate in commercial packing as it does in open kettle cooking.

The evidence is therefore very conclusive that packed tomatoes and tomato juice will meet the requirements of the medical profession adequately for any cases where these materials prove themselves useful.

EXPERIMENTS PROVE VITAMIN CONTENT

The individual perhaps most responsible for the wide acceptance of tomato juice as a beneficial factor in diet is Dr. Alfred Hess. Desiring to increase the use of Vitamin C in infant feeding (to protect against scurvy), he began experimenting with tomato juice. Its richness in Vitamin C, its ability to blend with milk and its palatability were demonstrated by careful experiments with infants. This work that created confidence in the beverage, and the fact that it was generally liked, anyway, by most people, gave it the possibility of becoming one of the physician's best allies as an antiscorbutic.

Dr. E. V. McCollum, in "The Health Bulletin," June, 1928, N. C. State Board of Health, says that the special processes of modern canning do not destroy Vitamin C as does ordinary cooking. "As for the other vitamins in canned foods," he adds, "it may be said with confidence from data available that these are not destroyed in canning to an appreciable extent."

Givens and McCluggage found that packed tomatoes after three years were practically the equivalent of raw tomatoes as an antiscorbutic.

One of our most recent experiments with tomato juice has established some interesting facts concerning the content of this highly important vitamin in the available commercial product.

VITAMIN C IN TOMATO JUICE

Tomato juice packers generally assume, because all fresh, ripe, sound tomatoes naturally contain appreciable amounts of this water-soluble

vitamin that this factor would be equally plentiful in the juice made therefrom, and most packers, while recognizing the necessity of extracting and packing the juice so as to preserve a high Vitamin C, also give special attention to inclusion of a proper proportion of the pulp in which resides the other highly important Vitamins A and B.

In an experiment under my direction, juice made from good quality, recent pack No. 10 canned tomatoes pressed through one of the standard, commercial-type juice extractors, all equipment and conditions relative to the preparation and packing duplicating commercial conditions, it was established that juice subjected to mechanical dispersion to produce homogeneity and juice not so treated, were equally potent in Vitamin C. Growth rates as well as autopsy scores of bones, joints, etc., were taken on animals, the growth period being 90 days.

Three cubic centimeters of homogenized juice were nearly protective against scurvy. Since the tomato stock used had already been through one packing and sterilizing process in its first canning operation where the amount of exposure to air and heat was beyond the experimenter's control, it is a significant fact that the juice of these tomatoes, subjected to another such operation in the experimenter's laboratory, still retained this high potency of Vitamin C content.

It was also established in these tests that the glass container is quite as effective as the tin container in preserving the vitamin content of the juice.

POTENT SOURCE OF VITAMIN A

H. Steenbock and I. M. Schrader in the Wisconsin Agricultural Experiment Station Bulletin 420, 76-77, 1931, state that a remarkably potent source of Vitamin A is the pulp portion of tomato juice, and also confirm that the tomato, tomato juice containing pulp, and the tomato pulp are all rich sources of the anti-scurvy Vitamin C.

Morgan and Smith have reported that green picked tomatoes do not have their full Vitamin A potency, but acquire it upon subsequent ripening.

The U. S. Department of Agriculture has provided for an ample part of the Vitamin A bearing pulp being retained in the commercial preparation of tomato juice by its insistence that any product bearing the label "tomato juice" shall conform to the following definition:

"Tomato juice is the unconcentrated, pasteurized product, consisting of the liquid, with a substantial portion of the

New findings show this the most digestible form of cow's milk

*Children's clinics, leading
physicians discover many
advantages in feeding
evaporated milk*



IT'S the experience of many leading children's clinics and practitioners that babies fed on evaporated milk are better fed than those whose formula is based on other forms of cow's milk.

Not only better fed, but they are freed from many digestive upsets that foods may cause.

Libby's Evaporated Milk is milk in its most digestible form . . . which, in the stomach, makes a soft curd like mother's milk . . . whose protein is more readily split by the digestive enzymes than that of either raw or pasteurized milk.

In any feeding formulas—for normal babies or for the sick, undernourished or premature—you can use Libby's Milk and get better results.

And mothers will find it is less expensive than any other form of cow's milk—even when formulas require a larger than usual proportion of milk.

Over half the water has been removed. So, simply by mixing Libby's Milk and water in equal amounts, you get the volume equivalent of bottled milk, somewhat richer than average quality.

Libby's Evaporated Milk is pure cow's milk only, from selected herds . . . "reductase tested" at the condensaries daily with methylene blue to assure utmost cleanliness . . . autoclaved at 240-242°F., preventing any bacterial contamination . . . homogenized to disperse the fat evenly.

Then, too, it carries the official Seal of Acceptance of the American Medical Association.

This explains why so many pediatricians are prescribing Libby's Evaporated Milk regularly.

Write us for free booklets containing authoritative discussions of the use of evaporated milk in infant feeding. Simply address . . .

Libby, McNeill & Libby
Dept. HM-27, Welfare Bldg., Chicago

pulp, expressed from ripe tomatoes, with or without the application of heat, and also with or without the addition of salt."

This ruling dispels the rather prevalent notion that tomato juice purchases in glass or tin containers is merely the by-product of the tomato packing process.

It assures the user that any packer labeling his product "Tomato Juice" is under the compulsion to make this juice from choice, whole ripe tomatoes. It is common knowledge that in such manufacturing processes the tomatoes are thoroughly washed and passed through special crushing and screening operations which mix well together the proper portions of the fleshy cell walls and the watery juice from the seed pockets. This process also removes the seeds, cores and skins, as well as any green pulp, the presence of which even in small quantities, food technologists agree, ruins the flavor of the entire batch.

The only addition to this process which differentiates the product of one packer from another is that of viscolization or homogenization previously mentioned, whereby a smoother, finer blending together of the tomato fibre and the liquid is accomplished. In this final stage the mixture is passed through a process wherein the pulp is broken up so finely that it remains in permanent uniform suspension in the liquid.

The whole juice, then, is an even mixture of those elements that commonly contain the respective Vitamins A, B and C. Moreover, this juice, not having separated out into yellowish watery part and reddish pulp part, retains as a whole an appealing color approximating that of the natural fruit and does not excite uncertainty in the mind of the patient as to whether or not it is in proper condition for the purposes for which it was prescribed.

VITAMIN B ALSO FOUND

The presence of the Vitamin B content is also assured by these processes wherein a proper balance is maintained between pulp and watery portions of the juice.

Osborn and Mendel reported tomatoes as being rich in Vitamin B as well as potent in Vitamin A.

RICH, BALANCED VITAMIN CONTENT

The U. S. Department of Agriculture in its Circular No. 84 gives a very complete resumé of information available on relative vitamin content of a very exhaustive list of food products. The ratings are not attempted on the basis of strictly quantitative comparisons, but the classification into three groups is valuable and sufficiently accurate determination of

relative content for practical purposes.

The symbols used are as follows:

+ Indicates that the foods contain the vitamin.

++ Indicates that the food is a good source of the vitamin.

+++ Indicates that the food is an excellent source of the vitamin.

— Indicates that the food contains no appreciable amount of the vitamin.

Below are the ratings of several of the food products commonly associated with tomatoes and tomato juice in infant feeding and in adult dietary treatment. It will be seen that the rating of tomatoes ranks very high as a triple-vitamin product containing a remarkably balanced content of all the three vitamins, A, B and C. This with their wide availability and low cost makes them a valuable resource for consideration in all treatments and diet recommendations involving correct vitamin consumption.

	A	B	C
*Tomatoes, ripe, canned.....	++	++	++ to +++
Grapefruit (or juice), fresh.....	+	++	+++
Lemons (or juice), fresh.....	+	++	+++
Orange juice, fresh.....	++	++	+++
Cabbage, head, raw.....	+	++	+++
Carrots, raw, young.....	+++	++	++
Lettuce, head.....	+ to ++	++	+++
Peas, green, canned.....	+++	+ to ++	++
Spinach, canned.....	+++	+	+ to ++
Milk, cow's whole, pasteurized.....	+++	++	— to +
Cod-liver oil.....	+++	—	—

*Experiments have shown that, while certain processes that include the beating of tomato juice by baffles, thereby introducing air bubbles that are entrapped by the pulp, may result in considerable loss of Vitamin C content, tomato juice that is obtained in a quiet way or even that which is beaten while hot suffers comparatively little destruction of Vitamin C.

ADOPTION BY MEDICAL AUTHORITIES

Dr. G. W. Wagner, formerly of the Medical Corps, U. S. A., has compiled important evidence that tomatoes and tomato juice are coming into wide use in the treatment of diabetes. He cites William Edward Fitch, of the Medical Reserve Corps, U. S. Army, and Dr. P. J. Cammidge, Rochester, physicians of the Johns Hopkins Hospital, authorities of the University of Pennsylvania, and other leading state universities, also many physicians of Great Britain, France, Belgium, Denmark, Italy and Russia as agreed that the tomato is among the first of all vegetables and fruits as a food of

value in the treatment of diabetes.

"Authorities of the University of Pennsylvania," reports Dr. Wagner, "as well as those of Johns Hopkins University, agree that tomatoes are indicated in the treatment of Bright's disease. So does Seeley Little, of Rochester, who places stewed tomatoes in the typical dietary of his leading cases."

Dr. Hugo Friedstein, of Chicago, says, "There is no doubt about it, the curative value of the tomato is extraordinary. Its vitamin content alone is accomplishing the undreamed of in the feeding of infants and invalids. It is invaluable for the kidneys and as a cleanser of the liver."

The subject of nutritive value and diet for weight correction is also touched upon in Dr. Wagner's report. He points out that the diet list for reducing used in the Presbyterian Hospital, New York, and reported by Mason in his book on nu-

trition, places tomatoes ahead of all other foods for the purpose of reducing. The celebrated Dr. Van Nooden, Vienna, is on record to the same effect, and tomatoes are generally considered very favorably in many dietary plans.

Other evidence presented by Dr. Wagner covers the use of tomatoes for their nutritional value. He reported that Elliott P. Joslin, M. D., of the Harvard Medical School, gives the protein or tissue-building value of packed tomatoes as far greater than apples, peaches, pears, asparagus, squash, pumpkin, and many other vegetables. "The Journal of the American Association" is quoted to the effect that tomatoes are the most easily and quickly digestible of all the fruits and vegetables known to man. Tomatoes pass through the stomach almost at once and their natural elements are taken up into the system with a rapidity that is in striking contrast to the digestibility of other foods.

TOMATOES COMBAT ACIDITY

The question of acidity is also covered by Dr. Wagner, and his con-





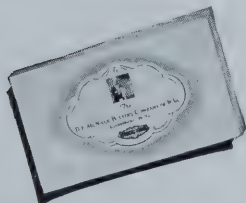
A McNicol Pattern For Every Hospital Requirement

*The Right Size — The
Right Weight — The
Right China for Bed-
side, Dining Room or
Cafeteria Service.*

McNICOL china today offers many different patterns for your approval. Among the various prints and decalcomanias available, there is a design for every purpose—for bed service, dining room or cafeteria service—for large hospitals and institutions or small ones. Made by the tunnel kiln process, McNicol china looks better, lasts longer than any hospital china on the market today. Your dealer is ready to prove it. Ask him!

Send for the
McNicol Handbook—
A Valuable Aid to
China Selection

Stop "guessing" as to
your china require-
ments. Write today
for this FREE book
which gives the
shape, weight and
size of chinaware for
every purpose.



The
D.E.McNICOL POTTERY Co.
of West Virginia
CLARKSBURG, W. VA.

LUCIFER HYNOTE KING OF CROONERS



"It's A Bracer" ... He Warbled

WHEN Lucifer Hynote—Headliner for the Maidens Prayer Corset Company's radio program—was ordered to the hospital after a nervous breakdown, "his public" was grieved. But to Lucifer the layup was something of a spree. He received the best of care, and, what pleased him more, the finest of foods. Especially did he relish the delicious coffee that came with his meals. To use his own words, "It was a real bracer!"

Hundreds of hospitals have found that Continental Coffee helps keep patients and staff contented. Thanks to its freshness and uniform roasting, the fine flavor and aroma never vary. Send for a trial order today.

INTRODUCTORY OFFER — Order 30, 20 or 10 pounds. Use 10 per cent for a quality test. If you are not satisfied, return the remainder at our expense and we'll cancel the whole charge. Do it now.



Continental Coffee Co.
INC.

"The Coffee with the Delicious Aroma"
IMPORTERS ROASTERS
371-375 W. Ontario St., Chicago, Ill.

clusions are in accord with those of many authorities who have experimented in this field.

"Tomatoes contain three healthful acids," says Dr. Wagner. "Some vegetables contain but one; others scarcely a trace. One is malic acid, the acid found in apples. Another is citric acid, which is the sour of lemon, lime and grapefruit. Citric acid is both antiseptic and diuretic. The third acid in tomatoes is phosphoric acid, so often used in treatment of neuralgia, nervous disorders and other similar disturbances.

"Dr. Arnold Loran, of Carlsbad, tells us that this healthful acidity of tomatoes is what gives the characteristic 'tomato flavor' which is so deliciously palatable and refreshing. Furthermore, it is because of this acidity that one does not tire of the tomato as a food. It is its own appetizer and the only vegetable of which it is practically impossible to overeat."

The acid content of tomatoes has given rise to a widespread popular fallacy that tomatoes tend to produce acidity. There is nothing to indicate that this apprehension has any foundation. In fact, it is definitely established that tomatoes and tomato juice are excellent correctives for an acid condition. Experiments have definitely shown that in the assimilation of tomato juice an alkaline residue results that neutralizes the acid residue from meat, eggs, and other protein foods. Tomato juice has, in fact, been shown to have twice the anti-acid power of orange or lemon juice in offsetting the high acid condition associated with colds and grippe.

APPROVED FOR INFANT FEEDING

That there need be no apprehension about acidity in the feeding of tomato juice to infants is substantiated by the statement of Dr. A. Hess, who summarized recent scientific findings with "... it may be stated without hesitation that it is fully as well borne by infants a few weeks or months of age as orange juice or lemon juice. . . The feeding is two tablespoons for babies over three months of age. . . . It may be added that as much as six and eight ounces a day of this juice has been given to a baby under one year of age without producing untoward symptoms."

The compatibility of tomato juice with milk has been well established. In fact, Pattee, a prominent dietitian, advises particularly with relation to artificially fed infants that they "should be given tomato juice or orange juice daily along with the milk and cod-liver oil." This is important also in recommendations of adult diet, as it means that one need not hesitate to combine tomato juice with dairy products.

Tomatoes and Tomato Juice

"1. Are rich in vitamins A, B and C.

"2. Tomato juice is widely available the year around at a much more economical cost than other fruit and vegetable products containing some or all of the vitamins found in tomato juice.

"3. The heat effect upon the vitamins in various bottling and canning processes does not normally affect vitamin content in a serious degree.

"4. Are the richest of all vegetables in the natural health acids, excellent in correcting acid condition.

"5. Tomatoes are a gentle natural stimulant for the kidneys, helping to eliminate poisons therefrom.

"6. Tomatoes in their convenient juice form may legitimately be considered by the physician for use in infant feeding, growth promotion, tooth preservation, improvement of reproductive powers, increase of lactation and increase of resistance to bacterial infection.

"7. Are now prescribed for diabetes and Bright's disease, and are indicated for use in treatment of a wide range of other diseases such as scurvy, ophthalmia, certain abscesses at the base of the tongue, certain inflammations and pus formations in the ears and sinuses, certain lung, skin and bladder infections, and possibly for pellagra and beriberi.

"8. Are valuable on reducing menus."

Dietitians' Views on Organization

The following is a continuation of a discussion of the organization of the food service department of a hospital, based on an article in March 15 HOSPITAL MANAGEMENT in which Chef Christy J. Monsul argued for centralization of authority and suggested that a qualified chef might be the answer to the problem of just "good enough" hospital food:

"In regard to the ideas presented by Chef Christy J. Monsul in the March number of HOSPITAL MANAGEMENT, I would say that I heartily agree with him in many respects," writes Lenna F. Cooper, supervising dietitian Montefiore Hospital, New York. "Any organization which would permit of any 'passing the buck' as to responsibility in food preparation and food service shows a decided weakness.

"The person responsible for food preparation should be well versed in the methods of cooking, management of equipment and of all other details essential to serving of an attractive

well balanced menu. Just what the training and preparation of this person should be is, I think, the crux of the matter.

"Undoubtedly a well trained chef could take care of a part of the food service, particularly that of the employees and staff, but the planning and preparation of patients' diets, even those on the so-called general or regular diet, is a matter which involves a considerable amount of scientific information. Quite frequently we check our regular diets and calculate them in terms of the various food constituents in order to make sure that the patients are receiving all of the food essentials. I do not believe that any one can confine activities to the kitchen alone and satisfactorily serve patients. A contact with the patients on the wards is vital to a satisfactory service. This often means an explanation on the part of a scientifically trained person. In other words, the dietitian's work is more than that of merely preparing and serving the food. The psychology of food service is quite as important as what is actually served.

"I think the chef is quite right in objecting to an experienced chef being put under an inexperienced dietitian. I would say that that were a bad mistake on the part of the hospital administration. "There is always the question of personality which must be taken into consideration in selecting the personnel that must work together as a unit. An inexperienced dietitian should never be put in charge of a department in an institution sufficiently large to have both a chef and a dietitian. Furthermore, an experienced and wise dietitian would consider that menu making is a heavy responsibility and should require the cooperative effort of the chef and the purchasing department, the latter furnishing a list of food prices as the basis for the menu making.

"My own experience with chefs gives me a deep appreciation of their training and their ability to handle help. I do believe, however, that the food department of a large hospital requires technical and specialized information which a chef ordinarily does not possess. There are, of course, exceptions to all rules."

HOME ECONOMICS MEETING

The twenty-fifth annual meeting of the American Home Economics Association will be held in Atlanta, June 20 to 25. Headquarters will be at the Atlanta-Biltmore Hotel. The central theme of the program will be "Revaluations in Home Economics." The president of the Association is Frances L. Swain, supervisor of home economics in the Chicago public schools.



NITROUS OXIDE CARBON DIOXIDE
OXYGEN CARBON DIOXIDE &
ETHYLENE OXYGEN MIXTURES

TIME TELLS!

In the last twenty years in America every so often some new form of anesthetic has been put on the market, sometimes with most startling claims. Most of them vanish as rapidly as they come, because they cannot stand the test of time.

It was just about twenty years ago that NITROUS OXIDE AND OXYGEN first came into real use as a major anesthetic. Today, supplemented by ETHYLENE and CARBON DIOXIDE gases, they are more largely consumed than ever before, and the consumption is constantly growing. THE USE OF THESE PRODUCTS HAS STOOD THE TEST OF TIME.

Back of the Puritan Maid label on each and every cylinder identifying the products of the Puritan Compressed Gas Corporation is the reputation of eighteen years in the field. For safety reasons we differentiate our gases with distinctive colors over the entire cylinder, as recommended by the resolution of the International Anesthesia Research Society.

We also offer Anesthetic Equipment, Pressure Reducing Regulators, Bedside Stand Inhaling Outfits, Noiseless Roller-Wheeled Cylinder Trucks, Oxygen Tents, Resuscitation Apparatus, and Wilson Soda Lime.

PURITAN COMPRESSED GAS CORP.

Kansas City 2012 Grand Ave. Cambridge, Mass. 60 Rogers St. Chicago 1660 So. Ogden Ave.
Baltimore Race & McComas Sts. Cincinnati 6th & Baymiller Sts. Detroit 455 Canfield Ave., E.
St. Paul 810 Cromwell Ave. St. Louis 4578 Laclede Ave.

Write for your copy of our latest booklet, "The Real Story of Oxygen for the Medical Profession." Also catalogues of Latest Oxygen Tents.

SAFETY—COMFORT—ECONOMY



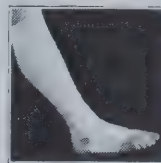
THE POWERS SHOWER MIXER

IN thousands of hospitals, nurses' homes, schools, clubs, hotels, and homes this remarkable SAFETY mixer is replacing ordinary mixing valves because it prevents sudden "shots" of cold or scalding water due to the use of nearby faucets, flush valves, etc.

Write for Book. The Powers Regulator Co., 2715 Greenview Ave., Chicago, 231 E. 46th St., New York—also in 41 other cities.

ACE BANDAGES

whenever



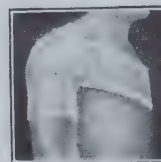
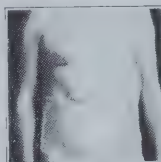
**PRESSURE
SUPPORT**

or



**PASSIVE
MASSAGE**

is indicated



ACE Bandages—elastic without rubber, and washable—have become standard with the medical profession. There is a size for every purpose. They can be sterilized by boiling. Washing restores their elasticity. The porous weave insures their coolness and comfort. ACE Bandages stretch without narrowing, roll evenly without need of reversing, fit comfortably and exert a constant, firm pressure that can be varied to meet conditions.

A copy of the ACE Manual, illustrating and describing uses and bandaging technic, will be sent free on request. It is supplied in quantities for nurses' training classes. Use the coupon below.

ACE No. 1 (all cotton)—for general utility—is made in nine convenient widths from 2 in. to 10 in.

ACE No. 7 (cotton with silk filling)—for appearance—is made in 2½ in., 3 in. and 4 in. widths.

ACE No. 6 (cotton with wool filling)—for warmth—is made in 2½ in., 3 in. and 4 in. widths.

Sold Through Dealers

B-D PRODUCTS

Made for the Profession

Makers of Genuine Luer B-D,* Luer-Lok* and B-D* Yale* Syringes, Erusto* and Yale* Quality Needles, B-D Thermometers, ACE* Bandages, Asepto* Syringes, Armored B-D* Manometers, Spinal Manometers, and Professional Leather Goods.

*Trade marks of Becton, Dickinson & Co.

BECTON, DICKINSON & CO., Rutherford, N. S.

HM-6

Gentlemen: Send us free manual on technic and uses of ACE Bandages.

Name

Institution

Address

Dealer's Name

The Nursing Department

Graduate Service Better, 50-Bed Hospital Finds

By A. F. Branton, M. D.
Willmar Hospital, Willmar, Minn.

[EDITOR'S NOTE: This paper, read at the 1932 Minnesota Hospital Association meeting is based on the experience of a 50-bed hospital in a community of about 8,000.]

I AM of the opinion that in the beginning most nursing schools were established, first, to train nurses, and second, to help to balance the hospital budget. Our school was discontinued in June, 1930, so we must compare the costs of that year to make a fair comparison. In going over a large collection of statistics we find the average costs for 1929 and 1930 of northern hospitals was about \$625 per year per girl. We determined that the cost of each girl in our school was \$50 per month. We were running a daily average of 24 patients or two patients per student nurse, and had an average of 12 girls in training. Thus the cost per month was \$600. Added was the expense of three registered nurses, \$435, or a total cost of \$1,035 for our school.

ADVANTAGES OF A SCHOOL

It has become well established that one of the duties of a hospital was to train the girls of the community to become nurses. The idea has persisted that the supply of those to care for the sick was a special responsibility of the community hospital. This has been necessary to an extent because of the refusal of girls trained in large hospitals to go into the smaller communities.

Hospitals have felt a certain pride in having a school and felt that it added to the prestige of the institution. There is no doubt that a competent school did make the hospital more attractive and raise it to a higher plane. The younger girls were alert, eager and interested. They brought with them enthusiasm and added new zest to those for whom nursing had become routine.

A school is considered a center for public health instruction and a center from which the public is able to obtain an education in personal and public hygiene. To a degree this is true, for a large number of girls trained in public and personal health have disseminated this instruction within their sphere of personal friends. These friends have also gained a better appreciation of medical matters.

Schools are good advertisements for hospitals. Each girl entering training has a group of friends and relatives who because of that girl are apt to patronize that hospital. Then when the nurses establish homes of their own and make new circles of friends there will be a loyalty towards the hospital.

The small school gives the girl a well rounded training, in that she has the opportunity to have some training in a small hospital in intimate contact with the patient and a doctor and a third year in a large hospital.

Nurses trained in smaller hospitals make on the whole better nurses in the rural home and smaller hospitals than those from large hospitals.

The small school has made it possible for many girls to take training because of nearness to home and small

expense, and also because a girl with minimum requirements has been able to get into this school more easily than if she were a stranger.

ADVANTAGES OF GRADUATE NURSING

First, let us discuss costs. When we discontinued our school we established what we called a basic graduate force of five excellent nurses (registered), four for day duty and one for night duty, on the theory that each could, if need be, properly take care of six patients on the average. Of course, this average actually was less, as we encouraged special nursing. We could vary this average of five as the situation demanded. One nurse was in charge, established hours, looked after the kitchen, diets, and general supervision, and filled in where necessary. We paid her \$100 and board, room, and washing. The others were paid \$65 and board, room, and washing. The total cost per month for this service was \$585, compared to \$1,035, or a saving of \$450 a month against the cost of the school.

In the matter of help we made an immediate saving by being able to dispense with one person in the laundry and one in the kitchen at a saving of \$180. We still used maids on each floor for cleaning and to take care of the nurses' quarters.

We hold the graduate strictly accountable for unnecessary breakage. The trained nurse knows how to use materials to greater advantage with less waste. There is a marked saving in light, heat, water, in linen, laundry expenses, etc. We do not have graduation expenses.

A further saving has been made because our daily average of patients has fluctuated tremendously and we have been able to "lay off" a girl or to add nurses when the occasion demanded. If we had our school we would have had a quota of girls to meet maximum requirements, even though we actually had only a minimum number of patients.

We feel the care of patients has been uniformly better. With a school, unless there is extremely good supervision, many patients do not get the exacting care that registered nurses give. At any rate, nurses in training cannot be delegated some responsibilities necessary for the welfare of patients. One cannot blame the student for oversights and mistakes, for she is just learning. But in the graduate system responsibility is placed with confidence and the nurse held strictly accountable for carrying out orders. It is this confidence which a doctor feels consciously or unconsciously that makes for better care of the patient. On the part of the patient a confidence is built up when we say that his or her nursing care will be in the hands of competently trained registered nurses. We have no complaints from patients as to care.

Nurses in training in some small schools do not have the complete training that they should have. The school equipment is limited and the number of qualified instructors few.

The school was very unsatisfactory from the affiliating viewpoint. At the end of two years when a girl might begin to bear responsibility and be of some value, she was gone. Whatever value there might be in the ability of that girl was given to the hospital where she took her third year's work. But there, too, she had to be broken in to a new routine, and at the end of a year she was through. Our hospital was just a place for giving the girl the needed basis for her profession and when she had just acquired this, she left. At no time could it be said that we had a 100 per cent efficiency in our nursing service, only girls in the molding process.

From the viewpoint of the graduate this system is best. A greater number of girls have been employed, and while the returns have not been as great, nevertheless the problem of unemployment has not been theirs. We are not adding to numbers of unemployed graduate nurses in our community. We use special nursing perhaps more than ever and thus have been able to give employment to more trained nurses than otherwise.

From the viewpoint of the doctor we are much happier. Our financial load has been less; we have had much more ease of mind in the care of our patients; we have not had the responsibility of the school with the supervision of the conduct of the girls, the misunderstandings with parents, the complaints of patients, and we are relieved of teaching, which at times became boresome, took up time that might have been used for recreation and at times seemed a waste of effort.

In the last years of our school the type and quality of girls applying was becoming poorer. The best girls were turning to



The forest of Bourbilly brought tragedy to the heart of Madame de Chantal, but it added another rare and beautiful chapter to the history of Nursing. The death of her husband in a hunting accident opened the gates wide for the fullest expression of her genius for charity.

To her estate came the poor, the sick, the maimed, the outcast—sure of refuge, compassion and practical help. She not only gave of her bounty, but in troubled times stinted herself that these guests of hers might not suffer.

Later, under the influence of St. Francis of Sales, she founded the Order of the Visitation. But the richest memories surround "the charitable lady of Bourbilly."

WILL ROSS, INC., WHOLESALE HOSPITAL SUPPLIES
779-783 N. Water Street Milwaukee, Wisconsin

CONSCIENTIOUS



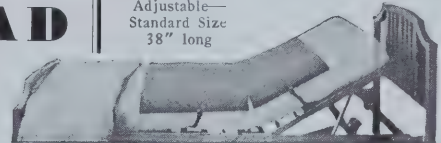
American Hospital Supply Corporation

• CHICAGO • • PITTSBURGH •

READ



Model No. 60
Adjustable—
Standard Size
38" long



THEY
COST LESS
ultimately
than ordinary
Rubber Sheeting

GIVE
ABSOLUTE
MATTRESS
PROTECTION!

CANNOT
WRINKLE
OR CRACK!

ELIMINATING
the usual discom-
forts patients are
subjected to.

for rigid
Economy
and
humane
Performance

Equip your beds
with *the original*

**NORINKLE
RUBBER
SHEETS**

Accept No Substitute!

There is a NORINKLE
MODEL TO MEET
EVERY PROBLEM

HENRY L. KAUFMANN & CO.

301 CONGRESS ST.

BOSTON, MASS.

the larger institutions, and those who could not attain these standards were applying to us. While we took the best, in many cases they were disappointing. In the graduate we are able to pick the best, release her quickly if not satisfactory, and thus obtain greater satisfaction.

In our contacts with the more mature girls we have been able to take them more into our confidence and give them an insight and understanding into hospital costs. We have had a very stable force of nurses who know the hospital and the desires of the doctors. The turnover has been very small.

CONCLUSIONS

1. The nursing situation is in a state of transition and change.
2. Whether small schools continue to add to the over-supply of nurses depends entirely on whether the leadership in nursing takes a new attitude and prepares girls who are willing to go back to the smaller hospitals and homes, work reasonable hours and for reasonable pay, and take care of the sick under unpleasant surroundings.
3. Schools have enough in their favor to warrant serious consideration at any time.
4. The graduate system has been very economical for us during the last two years. We realize, of course, that its success has been helped by unemployment.
5. If standards of nursing education are raised to make it impossible for the small school to meet them, this will not force small hospitals out of the school business, but will force them to establish practical schools of nursing from which girls will be graduated capable of performing 75 per cent of the necessary care of an average sick person for a recompense Mr. Average Citizen can pay.
6. It is becoming more manifest that the education of nurses is as much a responsibility of the state as that of teachers. The acceptance of this responsibility eventually will come.
7. It is probable that the time will soon come when a new class of nurses will appear in the person of the practical nurse whose training and ability will qualify her to do ordinary nursing and whose work will be supplemented by registered nurses who have special additional training.
8. Group nursing, supplemental nursing and specialized nurses are still developing. Their successful outcome depends on adherence to the principles and ethics of nursing, and most of all on leadership that is sound and fundamental.
9. Hospitals must more closely check nursing costs as compared to the cost of nursing service. Separate budgets and accounts must be established whether for training schools or graduate nursing.
10. It has been said that what we need is not more nurses, but more good nurses. I believe that a great many small schools will be glad to discontinue, that the standard of nursing will be raised, that all good nurses will have no trouble with employment, that the sick will be well taken care of no matter where illness finds them if the nurse and the doctor go back to the principle of "service above self," and the leaders guide the profession along paths which seek not gold at the end of the trail, but satisfaction in deeds well performed and humanity benefited.

De Paul University Nursing Alumni Enjoy Luncheon

June 2 was an epoch-making day in the history of nursing education in Chicago and the Mid-West. At the Belden-Stratford Hotel a representative group gathered for the first annual presidential luncheon of the De Paul University Nurses' Alumni. The De Paul Nurses' Alumni was recently organized with the 1932 graduating classes of three Chicago Catholic hospitals, St. Mary of Nazareth, St. Anthony and St. Joseph, as charter members.

After the luncheon an informal program was given. Dr. J. A. Tobin, M. A., head of the department of nursing education of De Paul, welcomed the faculty and nursing group and introduced Dr. William Murphy, Ed. D., instructor of education, who presented the Very Reverend Doctor Francis V. Corcoran, C. M., president of De Paul University. Father Corcoran welcomed the nursing group into the "family of De Paul" and assured them that from henceforth they would have a most honored place in all the activities of the university, and par-

ticularly at the Pontifical Mass and baccalaureate sermon at St. Vincent's Church and at the Commencement Convocation. Father Corcoran said that while the university would strive to give these young ladies of its best in academic work it would ever be mindful that their primary object in life was to aid the sick and therefore this thought would be uppermost in the mind of the university in planning the nursing curriculum.

The Rev. James Murray, C. M., Ph. D., professor of sociology, the Rev. Walter E. Case, C. M., M. A., professor of English, the Rev. Michael O'Connell, C. M., S. T. D., vice-president, and John C. McHugh, LL.B., university examiner, were other speakers. Mr. McHugh reminded the nurses that he had been examining their credits for three years and would be glad to continue doing so until they received the coveted Bachelor of Science degree. He also stated that the university had arranged three types of curricula from which the nurse might choose after completing her nursing course: one leading to a Bachelor of Science in Nursing, one to a Bachelor of Philosophy, and one to a straight Bachelor of Science.

Three De Paul scholarships were awarded to honor students of the department of nursing. Helen Dooley, St. Joseph School of Nursing, and Frances Blynaski and Isabelle Kleiman, St. Mary of Nazareth School of Nursing, being the happy recipients.

Dr. Tobin, who has been in charge of the department of nursing education at De Paul since its inception, was congratulated upon his success, culminating the first three years of combined academic and professional work with a permanent organization to be an inspiration and guide to those who will follow. Dr. Tobin sailed for Europe a few days later to assist at the Eucharistic Congress and to take up research work at Sorbonne, Paris.

CURTAILING STUDENT BODY

Among recent comments indicating the thought of some hospital administrators regarding the nursing situation are the following:

"Relative to the question of student versus graduate nursing and the present unemployment of the graduate nurse we have declined to take in any class this year and in September expect to replace our student nurses on one of the floors with graduate nurses from the register who will be on duty for two months and replace at the end of that time with other nurses on the register. We feel that this is only fair to both the student and graduate nurse, though we also feel it may be more expensive for the hospital as we already have our nurses' home."—Dr. K. T. Redfield, superintendent, Jefferson Hospital, Roanoke, Va.

"At a recent meeting of the board of trustees of the Jewish Hospital, the board decided to discontinue the training school of the hospital for one year in the hope that by that time conditions might be better and that there would not be so many unemployed graduate nurses. As the need arises for more nurses in the hospital, graduate nurses will be employed."—Adeline M. Hughes, R. N., superintendent, Jewish Hospital, Louisville, Ky.

HOSPITAL FUND DISTRIBUTED

Former Governor Alfred E. Smith of New York pleaded for public support of the work of the United Hospital Fund, New York, at the annual distribution luncheon of that organization. It was the occasion of the presentation to the presidents of the 55 associated hospitals of the share of each in the proceeds of the public collection for the provision of free hospital service. A total of \$575,000 was apportioned among the hospitals on the basis of free service rendered during the preceding year.

The reports for 1931 show that the 55 hospitals gave a total of 1,752,998 days of free care. Of this total 1,043,000 days were credited to the 29 general hospitals and 709,998 to the 26 special hospitals. The free visits to the out-patient departments of these hospitals increased 17 per cent over 1930. The largest check, one for \$48,346, was received by the Presbyterian and Sloane Hospitals. Mount Sinai came next, receiving \$44,968. Montefiore, for its main and branch hospitals, received \$43,623, and St. Luke's, including its branch hospital, \$34,275.



For Filtering— INTRAVENOUS SOLUTIONS

5407C. **FILTER PAPER, S. & S. No. 591**, an especially heavy and strong paper, which filters at a constant rapid rate and does not pass fibers into the filtrate. Well adapted to the filtration of fruit juices, syrups and oils. Used extensively in clinical laboratories for the filtration of boric acid solutions, normal salt solutions and solutions for intravenous injections.

Diameter, cm.....	32	50
Per package of 100 sheets.....	\$2.80	\$8.80

New Devices for the Clinical Laboratory Are Described in Catalog C Supplement. Ask for it.

CENTRAL SCIENTIFIC COMPANY
LABORATORY TRADE MARK SUPPLIES
Apparatus REGISTERED Chemicals
NEW YORK—BOSTON—CHICAGO—TORONTO—LOS ANGELES



Sealing the Name identification necklace on baby—to remain there through washing, dressing and treatment—until cut off by mother. Always visible. Write for sample of this **NURSERY NAME NECKLACE**.

J. A. DEKNATEL & SON, INC.,
96th Ave., Queens Village (L. I.), New York

OLIVE OIL

beauty treasure of the ages!

**This much goes into
every cake of Palmolive**

**That is why Palmolive
is truly a beauty soap**

PALMOLIVE enlists the camera's aid to show you how much olive oil goes into every cake of this famous complexion soap. Here, in this test tube is the exact amount.

Other soaps—do they ever show or tell you what they are made of? How, then, can you permit your patients to use soaps whose ingredients are a mystery? You know that Palmolive is truly a beauty soap—safe, pure, *naturally* fragrant. It is the one soap accorded the recommendation of more than 20,000 beauty experts.

Palmolive in your hospital shows patients you are considerate of their beauty needs. In spite of its quality and prestige, Palmolive costs no more than ordinary soaps. Your hospital's name printed on the wrappers with orders of 1,000 cakes or more. We will gladly send you prices of our five special sizes for hospitals. Mail the coupon for free booklet today.

COLGATE-PALMOLIVE PEET CO.

Palmolive Building, Chicago
New York Kansas City
Milwaukee San Francisco
Jeffersonville, Ind.

PALMOLIVE SOAP

This is to certify that this tube contains the exact amount of olive oil that goes into every 10c cake of Palmolive Soap.

N. N. Dalton
Vice-President in charge of production
COLGATE-PALMOLIVE-PEET COMPANY
Sworn to before me this 14th day
of January 1938



COLGATE-PALMOLIVE-PEET CO.,
Dept. HM-6, Palmolive Building, Chicago

Without obligation send me your free booklet, *Building Cleanliness Maintenance*, together with Palmolive Soap prices

Name.....
(Please print name)

Address..... City..... State.....

X-ray, Laboratory Service

New Laboratory Increases Doctors' Interest

By De Lora Rodeen, R. N.

Superintendent, Jane C. Stormont Hospital, Topeka, Kan.

THE McGuire Laboratory was established as the pathological department of Jane C. Stormont Hospital on March 1, 1932. This laboratory was made possible through the bequest of the late Dr. C. A. McGuire, Topeka, former president of the hospital staff and of the county and state medical societies.

According to his will, the laboratory was to be completely equipped for all clinical laboratory procedures. He left over \$50,000, the interest to be used for upkeep of the laboratory.

Dr. J. L. Lattimore is the pathologist in charge and Evelyn Londgren, a graduate of K. S. A. College, is the technician. Dr. Lattimore has been pathologist to the hospital for eleven years and feels that this new service will fill a very essential place in the hospital.

New equipment was purchased for all types of clinical laboratory work, including pathological examinations, blood and urine chemistry, bacteriology, serology and parasitology.

A definite and final plan of fees has not been yet established. However, the temporary plan and one that likely will be followed is a flat charge of \$5 to each surgical and medical case upon entry. This fee is to cover all laboratory examinations, while the patient is in the hospital, there being no exemptions.

During the first 50 days of operation of the laboratory there was over 100 per cent increase in the total number of examinations made. The director feels that this will increase in number and an average of 30 examinations per day is expected.

Under the new system, all deaths are reported to the pathologist. It is then the duty of the pathologist to consult the family and obtain permission for the autopsy, set the time and notify the physicians of the staff. During the first 50 days, the autopsies have increased from 10 per cent to 70 per cent.

SPEEDING G. I. EXAMINATIONS

We are indebted to Drs. Ledbetter and Barr of Beaumont, Texas, for the following suggestions, says "Victor News," of the General Electric X-ray Company:

"We find the following procedure in handling out of town G. I. Tract patients satisfactory. The majority of these patients are in for diagnostic work only and are anxious to curtail expense, so we aid them by reducing the usual time factor necessary. We furnish the local doctors in nearby towns, who refer work to us, a supply of four-ounce cans of Bari-O-Meal. When a case is to be examined the doctor administers a four-ounce Bari-O-Meal in forenoon of day preceding examination. Patient comes into town the following morning without breakfast, one film is exposed, then a second meal is given and the usual routine filming and screening is done during the day and the patient permitted to return home with loss of only one day and without hotel expense, incident to over-night stay, while we obtain data up to thirty-two hours following ingestion of first meal. This we find entirely adequate in the routine case. If a forty-eight hour or seventy-two hour film is indicated we are still one day ahead.

"The doctor doing general practice appreciates the evident interest in him and his troubles by the radiologist and being supplied with convenient, palatable diagnostic media will send more patients for this kind of investigation and will likely send them to the thoughtful radiologist."

HOSPITAL SOCIAL WORKERS MEET

Medical social workers from the United States and Canada met at the 1932 meeting of the American Association of Hospital Social Workers in Philadelphia, in cooperation with the National Conference of Social Work. Forming a small section of the 4,000 social workers who attended the general conference, some three hundred in the medical field met in special sessions. Henri-Ette Kirch, director of social work, Graduate Hospital, University of Pennsylvania, was in charge of this program. Since financial depression has seriously threatened standards of work, it was decided to group the meetings around the central theme of the recognized major activity, namely, social case work.

The meeting opened with the general business meeting. Edith Epler reported for a committee which has been working for three years on the administrative organization of the Association. Her report supported the present plan of organization. It also recommended the serious consideration of a modification of this plan when the membership has reached a very much greater number than it has at present. Elizabeth Gardiner reported for the case competition committee, one of the valuable original contributions which the Association has made to social work and especially in its own field. It was unanimously voted to continue this committee's activity.

Agnes Schroeder reported on the Plan of Statistics in the Field of Medical Social Work, a hand book in a limited edition now available from the office of the Children's Bureau, Washington, D. C. A number of departments are using the method described and it is hoped that before the end of the year the results of these experiments will be assembled and a more complete edition issued. This marks real progress by this committee which has been working for three years. Dr. Elizabeth Wisner, the president, gave a sound and inspirational address to the membership pointing out clearly the responsibilities of professional groups for the ever increasing obligations which modern society demands.

Helen Beckley, executive secretary, reported some of the trends as reflected from headquarters. There is some indication of growth of social service departments in hospitals, especially in the smaller communities and the more rural areas. There was no marked decrease in membership. International relationships with medical social workers in foreign countries has kept an interesting train of contacts and exchange of ideas. Miss Beckley visited ten of the twelve districts during the past year.

The report of the educational secretary, Kate McMahon, described the introduction of medical social education to the curriculum of the Graduate School of Social Work at the University of California. This is the eleventh school of social work to include in its program opportunities for the education of social workers planning to enter the field of medical social work for which Miss McMahon has acted as advisor.

At the first general program meeting Dr. Earl D. Bond, director, Institute of Mental Hygiene, Philadelphia, presided. Edith Kruckenberg, director of medical social work, Pennsylvania School of Social and Health Work, presented the major paper on social treatment. This was discussed by Edith Epler, director of social work at Syracuse, N. Y., Free Dispensary, and by Agnes Schroeder, Western Reserve University, Cleveland.

The high point of the program was reached on Thursday night when at the annual dinner meeting, Dr. Esther Loring Richards, of Johns Hopkins Hospital, gave a stirring talk on "Practical Objectives in Hospital Social Work." Ida Cannon told briefly of her plan to discuss medical social work on the program of the International Conference of Social Work in Frankfurt in July. The meeting was closed by the incoming president, Elizabeth Gardiner, assistant professor of sociology, University of Minnesota.

The general meeting on Friday brought one of a most valuable report. This year the case competition committee studied the award and honorable mention cases submitted since the beginning of the competition in 1925. Twenty-seven cases were reviewed and analyzed by the committee. Those who submitted them were asked to bring them up to date in order that there could be some attempt to measure the effectiveness of treatment. Trends both in recording and in methods of treatment were studied as well as changes in the mechanics of recording. Elizabeth Gardiner presided at the meeting. Lena Waters, Antoinette Cannon and Grace Ferguson, members of the committee, presented sections of the report.

ACUTE INDIGESTION OR HEART DISEASE?

AT the annual meeting of the American Association for the Advancement of Science, two eminent specialists declared that prominent persons reported by the press as dying of "acute indigestion" are often victims of heart disease.

"Every year a number of persons with obstruction of the arteries supplying the heart with blood are subjected to an operation involving the opening of the abdomen in the search for the cause of the severe pain referred to regions belonging to the diaphragm," their report said. "If this happens when every means has been employed to test the possible cardiac origin of the pain by a technical examination of the heart, nothing is to blame except the limitation of medical knowledge. Changes in the electricity of the heart often give the only positive information that may prove the existence of coronary thrombosis and avert a dangerous operation."

When electrocardiograms complete the clinical record, it tends to remove doubt in this respect. With a Victor Electrocardiograph, these heart tracings are obtained in a few minutes time, by an office assistant or nurse. Skill and previous experience are not essential in the operation of this Victor instrument, for due to its special design the records produced are automatically true, and consequently of unquestioned diagnostic value. Developed in the



Research Laboratory of the General Electric Company, the radically new principles applied in the Victor Electrocardiograph serve to simplify procedure, and have thus greatly increased the use of electrocardiograms in diagnosis.

You'll find the descriptive literature interesting—write for it.

GENERAL  ELECTRIC
X-RAY CORPORATION

2012 Jackson Boulevard

Chicago, Ill., U. S. A.

FORMERLY VICTOR  X-RAY CORPORATION

Join us in the General Electric program broadcast every Sunday afternoon over a nationwide N. B. C. network.

The Record Department

Librarian's Life Just One Problem and Another

By Sarah S. Matthews,

Record Librarian, University of Virginia Hospital,
Charlottesville, Va.

THE first problem of the record librarian is to secure the necessary training. Since the office is still in a more or less rudimentary stage, it has been filled chiefly by those of the hospital clerical staff who have drifted into it. At every convention of the American College of Surgeons and other national gatherings, there is much discussion of records and many journals carry articles on the subject. The longest paragraph in the statement of minimum requirements for hospital standardization deals with clinical records. With this growing realization of the importance of the work, the time has passed when just anybody can keep records; a demand has arisen for the technically trained record librarian.

When I started in this work in 1926, I had only a month's training under my predecessor, who had studied at the Presbyterian Hospital in New York. I immediately inquired for an association and a magazine, but found none. Soon afterwards, however, the North American Association of Record Librarians was founded, and I have attended two of its sessions with great help and inspiration. The quarterly bulletin, with its question box, is also very helpful. Early in the life of the national association, a committee was set to work to prepare a plan for training librarians. This committee made a tentative report at the last annual convention, but is still working on the plan which provides for two types of workers—the librarian and the assistant librarian or the worker in the small unstandardized hospital. The national association is also working towards a national board and a registry.

STATUS IS DIFFICULT

Another problem of the librarian is her status in her hospital. The position is a difficult one. Employed by the executive department, it is her duty to handle the records that pertain to the scientific activity of the hospital. She must work with the staff, the interns and residents, the nursing school, the out-patient department and the social workers. How to render satisfactory service to all and to secure that cooperation from each which is essential to such service is her problem. I hope it will not seem too bold if I seize this opportunity to urge the superintendents to invite the confidence of their record librarians, to listen to their suggestions, and to talk with them as they do with any other heads of the departments. They have the efficiency of their departments at heart. A hospital needs first class clinical records as much as it needs first class accounting. Many authorities do not hesitate to say that the record work is a fair measure of the clinical work in a hospital. To secure correct work, the record room librarian must have the status of a department head with authority at her back. She should have also adequate physical equipment, a light, well-ventilated room, sufficient personnel, typewriters, filing cabinets, dictaphones, etc.

STAFF COOPERATION

If I should ask the librarians here, "What is your one greatest difficulty?" they would reply with one voice: "To induce the staff to complete their charts promptly and to diagnose according to the nomenclature." Everywhere it is the same story. This is a problem I have not solved; I doubt if it will ever be done. Theoretically, with us each service holds a staff meeting once a

week and diagnoses the charts of all patients discharged the preceding week. Actually, meetings are often deferred, charts are held out for letters or autopsy reports or they are diagnosed, but the staff member has not signed them—or they lack an operative note, a discharge note, a laboratory report. Much time is lost and the work is held up all along the line—reports, statistics, everything. In some hospitals names of delinquent staff members are posted; some use a series of form letters, each more serious than the last with a final report to the superintendent. Either method is likely to cause friction and cooperation is what we want. The librarian has to be tactful but persistent in reminding the delinquents, and a record room committee of the faculty is a great moral support, as is a book of rules and regulations. My own idea is that we need more persistent record room propaganda—that an occasional staff meeting should be devoted to the subject with the librarian present, that the medical students and interns should have their attention called to the subject somewhere in their course. In some hospitals each nurse serves a short period in the record room. In others the librarian gives them a series of talks. These are steps in the right direction.

MORE UNHAPPINESS

Another thing that makes the librarian's life unhappy is the staff member who gets out a large number of charts for study and keeps them indefinitely. Our rules say two weeks with privilege of renewal, but this rule is often violated. Those charts are continually needed for O. P. D. and many other purposes and the time spent in locating them delays service to all other departments. When the staff member fails to follow the nomenclature, if we are sure what he means, we change the wording of his diagnosis before entering it in the diagnosis file. If not sure, we hold out the card and return it to him for better diagnosis. New diagnoses are added only by request of the head of the service.

MUCH IN A NAME

Another of our standing problems is the subject of names. Unless you have been a record librarian you have no idea how few people can take a name correctly. I get the same patient's name spelled one way by the admission office, another by the X-ray people, another by the social worker, the out-patient department, the laboratory—and all different from his former admission. There is no effort of judgment I am called upon oftener to make than a decision as to whether a new chart belongs to an old patient. Admitting clerks seem to take for a motto, "What's in a name?" and to have each an individual system of phonetic spelling. The patient has gone when we get his chart; the day clerk says the night clerk took the admission; he's gone, too. We usually have to fall back upon a sort of intuition and we develop in time a fine technique. I have 38 John Johnsons and in only two or three cases is a middle name given. "Get full names and correct names" should be written in letters a foot tall above every door where patients are interviewed. (These letters really should flash off and on or perhaps talk.) Our rules say that for purposes of charts, the admitting and out-patient department clerks are under the record room librarian, but it has never become a working arrangement. If this provision could be made active, it might help considerably a situation where we are held responsible, though we have no authority.

INSURANCE COMPANIES

Besides these major problems, there are hosts of minor ones, among which I might list insurance companies and court work. At every gathering of record librarians these two problems are up for discussion. There seems to be a wide variation in the method of handling them and a great difference of opinion as to what should be given out, who should do it, and how. Filling out blanks and answering letters makes a heavy demand on the time of the record force. On the other hand, if the companies do not get the information they will hold up the insurance which is often the patient's only means of paying his hospital bill. Our rule is to furnish no information without the written consent of the patient, if living, and of the beneficiary if the patient is dead. With this consent we refer the blanks to the doctor who attended the patient if he is still connected with the hospital. Sometimes he prefers to write a letter rather than fill a blank. If the physician—often a resident—has left the hospital, the record worker fills them out. If a copy of the entire chart is requested, we have one of the hospital stenographers do it out of working hours and make a charge for it. This is

From a paper before Tri-State Hospital Conference, Richmond, 1932.



Over two thousand
hospitals use
our forms

Superintendents
should have our
CATALOGS
and **FREE**
SPECIMENS
of
Charts and Records

AMERICAN COLLEGE OF SURGEONS
(Standardized Records)

CATALOG No. 10 (100 Miscellaneous Forms)

TUBERCULOSIS RECORDS

OCCUPATIONAL THERAPY RECORDS

VALUABLE RECORD BOOKS

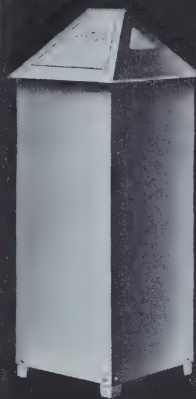
HOSPITAL STANDARD PUBLISHING COMPANY

40-42 S. PACA STREET - BALTIMORE, MD.

Write for samples : : Sent on request

You'll find **SOLARS**

**WHEREVER
SANITATION
IS ESSENTIAL**



A survey of hospitals
will disclose a surpris-
ing number of instances
where SOLARS have
been made the Stand-
ard Waste Receptacle.

* * *

Let us submit proof
that the SOLAR SYS-
TEM will save you
money in cleaning costs
and at the same time
keep your buildings
orderly and sanitary.

* * *

Write direct for full
details and descriptive
literature on the com-
plete SOLAR line.

THERE IS BUT ONE PERFECT RECEPTACLE

and that is

S O L A R . . .

**SOLAR-STURGES
MFG. COMPANY
MELROSE PARK, ILL.**

What's This?---

"A Year's publicity program, designed
to encourage donations and more gener-
ous co-operation from the public, for
\$200 or less?

"Yes, let's send for details about this today."

HOSPITAL NEWS
537 South Dearborn Street
CHICAGO - - ILLINOIS

our general rule; of course, exceptional cases arise and these are decided by the superintendent. I think a general agreement among hospitals as to treatment of insurance companies would be helpful.

LEGAL WORK

For legal work, charts can be consulted by an attorney with consent of the patient and the superintendent, but can go out only upon court order and in custody of someone connected with the hospital—the attending physician, superintendent, or the record librarian. Social workers such as the Red Cross and the Children's Home Society workers are allowed the privilege of consulting the charts in the record room, as are local physicians. A good safe rule for the librarian is, "When in doubt, see the superintendent."

STENOGRAPHIC POOLS

If a stenographic pool is connected with the record room, the librarian has the problem of apportioning her workers so as to keep everybody satisfied, and also has to be able to spell everything the stenographer thinks she hears on the dictaphone, to listen in when she is in doubt, to read bad writing, edit careless English and lend a hand wherever emergency occurs. In spite of all this, I'll state in passing that the pool is, in my opinion, the very best way to get maximum clerical service. Moreover, it reduces the number of private secretaries, to secure whose cooperation is one of the minor problems of the librarian.

THE PROBLEM OF REPORTS

The last problem I shall mention is the ever-present question of reports. This whole subject seems to be in a fluid state. Nobody I have found seems able to state just what reports a hospital should get out or what statistics should be compiled annually or by whom. A few years ago, we used to get out a long, detailed report showing the number of cases of every diagnosis and every operation. We compiled these every year until 1931, though it has not been printed for five or six years. Hospital circles seem to have lost their taste for that sort of report. We now secure copies of the most important questionnaires which come annually, such as that sent by the American College of Surgeons and keep the data required therein monthly for the year. Each year I am asked for figures I have not kept and each time I add these for the following year. Until some authoritative body, such as this, passes definitely on the whole subject of hospital reports, I can suggest no better method.

TO AID IN KEEPING RECORDS

Physicians Record Company, Chicago, recently announced "The Fundamentals of a System of Hospital Records," a small, practically compiled booklet containing helpful information and suggestions for the record librarian and for all who have anything to do with the writing of records. As the title indicates, it is a summarization of principles, and besides an outline of methods of obtaining the information and the contents of various cards and forms, the booklet presents a number of illustrations of properly filled in forms. The price of the booklet is 50 cents.

CONNECTICUT ASSOCIATION

The annual meeting of the Connecticut Hospital Historians' Association was held at the Stamford Hospital May 21. There were thirty-five present. The officers elected are:

President: M. Beatrice O'Connell, St. Francis Hospital, Hartford.

Vice-president: Grace E. Gillespie, Stamford Hospital.

Secretary and treasurer: Anna M. Kelly, Wm. W. Backus Hospital, Norwich.

After the business meeting, three papers were presented by members of the Stamford Hospital staff—Dr. Edmund J. O'Shaughnessy, Dr. Addison H. Bissell and Dr. Frank M. Harrison.

After the papers, supper was served in the nurses' recreation room.

GEN. HINES AT ALABAMA MEETING

General Frank Hines of the Veterans Administration was the principal speaker at a special meeting of the Alabama Hospital Association at Birmingham, May 22, which was attended by many representatives of the American Legion as well as hospital, and nursing workers in allied fields. Among the hospital people registered were Dr. James McLester, Council on Medical Education, Licensure, and Hospitals, A. M. A.; Dr. F. H. Craddock, president, Alabama Hospital Association; Sarah D. Moore, superintendent, Bessemer General Hospital; Lily B. Wells, superintendent, Salter Hospital, Eufaula; Dr. Ferrin Young, director, Lakeview Hospital, Florida; Dr. B. R. Bradford, director Birmingham Doctors' Clinic, Birmingham; Dr. George W. Read, Methodist Hospital Board; Dr. E. G. Rockhill, assistant superintendent,

THE HOSPITAL CALENDAR

Catholic Hospital Association, Villa Nova, Pa., June 21-24.

Western Hospital Association, Salt Lake City, June 14-16.

American Protestant Hospital Association, Detroit, September 9-16.

American Hospital Association, Detroit, Mich., September 12-16.

Association of Record Librarians of North America, Detroit, September 12-16.

American College of Surgeons, St. Louis, Mo., October 17-21.

Ontario Hospital Association, Toronto, October 26-28.

Mississippi Hospital Association and Mississippi State Medical Association, Jackson, April 10, 1933.

Iowa Hospital Association, Marshalltown, April 19-20, 1933.

Hillman Hospital, Birmingham; Dr. B. C. Scarborough, Sand Mountain Hospital, Albertville; Jessie Woodfin, superintendent, Drummond-Fraser Hospital, Sylacauga; Mrs. Rachel Nickerson, superintendent, Sylacauga Infirmary; Mae Whetstone, assistant superintendent, Sylacauga Infirmary; Dr. A. L. Jackson, Walker County Hospital, Jasper; J. E. Oliver, superintendent, Birmingham Baptist and Gorgas Hospitals, Birmingham; Helen MacLean, president, and Lina H. Denny, secretary-treasurer, State Board of Nurse Examiners, Birmingham; Catherine Moulitis, treasurer, Alabama State Nurses' Association, Birmingham.

Hospital executives from whom greetings were received included:

Paul H. Fesler, president, and Dr. Bert W. Caldwell, executive-secretary, American Hospital Association; Dr. E. H. Dibble, John Andrew Memorial Hospital, Tuskegee; Dr. J. Gould Gardner, president, Mississippi Hospital Association, Columbia; Agnes O'Roke, president, Kentucky Hospital Association, Louisville; George Sheats, president, Tennessee Hospital Association, Memphis; Lee C. Gammill, superintendent, Baptist Hospital, Little Rock; J. H. Holcombe, president, Florida Hospital Association, superintendent, St. Luke's Hospital, Jacksonville; Mrs. Bertha Golightly, superintendent, Garner Hospital, Anniston, Ala.; Mrs. Ida S. Inscor, trustee, Alabama Hospital Association, superintendent, Moody Hospital, Dothan; Myrtle O. Thorsen, second vice-president, Alabama Hospital Association, superintendent, Mobile Infirmary; Clyde Foust, superintendent, Colbert County Hospital, Sheffield; Dr. Spier, director, Spier Hospital, Greenville.

The afternoon discussions began with a talk by Dr. S. R. McPheters of the state department of health, on the state's tuberculosis program. Mrs. McPheters told of some of the nursing activities and of the importance of nurses having more training in the care of tuberculous patients. Dr. H. S. Ward spoke on the training of doctors and nurses alike in more sympathetic and intelligent care of the nervous patient.

W. Hamilton Crawford, Hattiesburg, Miss., led a general discussion on the needs of better organization of the state associations and closer relation to the American Hospital Association. Interest was secured in every topic by his skillful drawing out of the various individuals.

Dr. Craddock, president, told of his plans to visit as many hospitals as possible between now and the annual meeting and to put over the best program ever held by the state association.

Mr. Crawford conducted one of the best sessions we have ever had and it was the unanimous vote of the entire body that he be invited back to the annual meeting this fall.—B. McE.

Equipment Literature

(Continued from page 16)

various manufacturing processes of sutures. Davis & Geck, Inc. 432

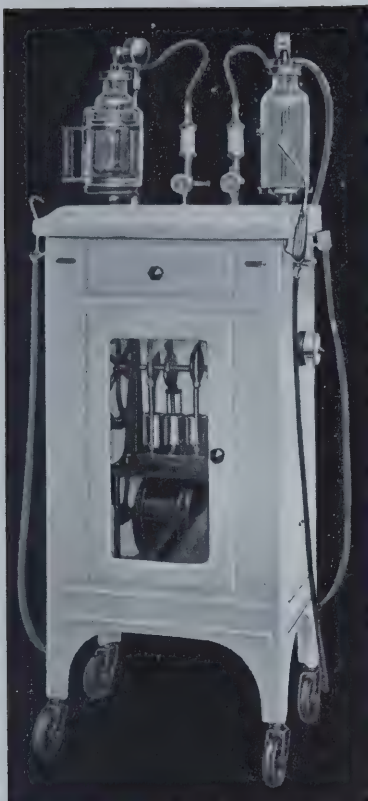
Sterilizers, Stills

No. 234. "American Sterilizers and Disinfectors." Catalog. American Sterilizer Company, Erie, Pa.

No. 213. "Sterilizing Technique Series." Five booklets. Wilmot Castle Company.

Surgical Instruments and Supplies

No. 322. "Handbook on Ligatures and Sutures," 1931 edition. An interesting booklet on the history, preparation, handling and use of ligatures and sutures, completely revised. Johnson & Johnson.



Now firmly established throughout the country as necessary equipment in most modern hospitals.

C. M. SORENSEN CO., Inc.
444 Jackson Avenue, L. I. City, N. Y.

A Complete Anesthetizing, Pressure and Suction Unit, consisting of 1 1/6 horse-power, motor-driven, four-cylinder pump—two cylinders for suction, and two for pressure; 32 oz. suction bottle, and 16 oz. ether bottle with hot water warming jacket held by Snap-Fit holders—an exclusive feature of Sorensen equipment.

SO R E N S E N Model No. 425

ANESTHETIZING, PRESSURE AND SUCTION OUTFIT

Ultra-sensitive control dials work independently, making it possible to administer ether intra-tracheally when desired. Made of the best materials, this finely appointed steel cabinet has bevel plate glass window, handy accessory drawer, porcelain top, polished nickel trim, Standard finish white proxlin; special colors, extra nominal charge.

Zip! And the problem is solved— KLOZTITE takes sanitary care of the patient's clothes

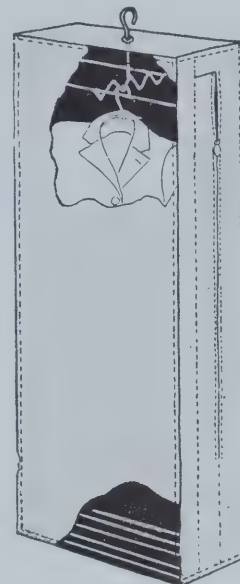
● Hundreds of hospitals have found the Stanley Patients Clothes Container to be the modern, low-cost, space-saving, sanitary way of taking care of the patient's clothes.

● In a compact space, 54"x18"x8", clothes are neatly hung on regular hangers suspended inside, with lots of room for hats, shoes, etc., on the bottom frame. When "zipped" closed, KLOZTITE is dustproof.

● Top and bottom frames are removable, so container can be laundered or sterilized. Made of heavy-duty, brown material. Identification tab attached.

SENT ON APPROVAL
—price on request.

Stanley
for
Professional
Standards



Stanley Supply Co.
Hospital Supplies and
Equipment
120 E. 25th St.
New York

This Literature May Help You

IF you are interested in acoustical treatment—if you want to know the best method of cleaning floors—if you are planning to rearrange your kitchen, or if other problems of construction or maintenance are bothering you—

You may find valuable help in the booklets and pamphlets listed on page 16. This literature which is published by various manufacturers and dealers serving the hospital field, contains many items of useful information for the hospital executive.

We'll be glad to see that you get any items you want, entirely without obligation. Simply fill out the coupon and mail it to HOSPITAL MANAGEMENT. And if you want specific information about items not listed on these pages, we'll be glad to help you.

Just tell us what you want.

HOSPITAL MANAGEMENT
537 S. Dearborn St.
Chicago, Ill.

Please see that the items listed under the following numbers on page 16 are sent to me. I understand that this involves no obligation on my part.

Name

Hospital

Address

These Labels

mean lower bed linen costs

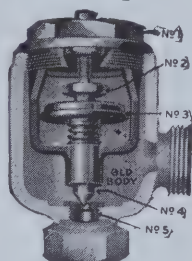
Utica Sheets wear longer because they are made from a longer fibre cotton. Less than 6% of the cotton crop meets Utica standards of quality. Send for free samples.

Utica & Mohawk Cotton Mills, Utica, N. Y.



OLD RADIATOR TRAPS

Are transformed into modern, efficient traps by the use of Monash ten year guaranteed thermo element—as per illustration.



Send us one of your old trap bodies. We will fit our element into it and return it to you postpaid for test on consignment.

Monash-Younger Co., Inc.

Established 1890

1315 W. Congress St., Chicago

BLACK BOARDS

SILICATE SELOC SLATE
NATURAL SLATE BLACKBOARD CLOTH

Framed or unframed—hanging type or on rollers

Also Silicate Book Slates

CORK BULLETIN BOARDS

Oak finished frames or unframed
All sizes: 18x24 inches and up

N.Y. SILICATE BOOK SLATE CO.

20 VESEY STREET NEW YORK CITY

Read Them—Use Them

HOSPITAL MANAGEMENT Want Ads offer real opportunities.

They're regularly read by up-and-doing executives who find in them a ready way of filling various needs.

TRY A WANT AD NEXT TIME YOU NEED AN ASSISTANT.

THE HOSPITAL LAUNDRY

Linen Requirements of Ward and Private Patients

THE difference in amount of linen for private rooms and for wards was shown in an interesting fashion at the Illinois-Indiana-Wisconsin hospital conference in Chicago recently by the Rev. H. L. Fritschel, superintendent of the Milwaukee Hospital, Milwaukee, Wis., who gave the following figures to indicate the requirements of a unit of 35 private rooms and of a group of 35 ward beds.

It will be noted that the private room quota of linen was approximately 450 more pieces than the quota for the same number on ward beds, the total for the private rooms being 1,902 and for the wards 1,459.

Mr. Fritschel's estimates follow:

Linen supplies for 35 private rooms:

	Per bed	35 beds
Mattress covers	1½	41
Mattress pads	1½	48
Spreads	2½	80
Sheets	4	132
Draw sheets	4	125
Pillow covers, large	4	114
Pillow covers, small	3	94
Cushion covers, square	1	34
Pillow cases, large	5	160
Pillow cases, small	4	124
Cushion covers, colored	1	39
Dresser covers	1½	44
Screen curtains, single	1½	40
Screen curtains	1	30
Towels, face	5	157
Towels, bath	4	140
Towels, small service	1	30
Towels, long hand	1	36
Wash cloths	5½	170
Jackets	3	96
Water bottle covers	1½	48
Bed pan covers	3	90
Chest protectors, wool	1	30

Total 1,902

Linen supplies for wards of 35 beds:

	Per bed	35 beds
Mattress covers	1½	45
Mattress pads	1½	44
Spreads	2½	72
Sheets	4	150
Draw sheets	4	136
Pillow covers, large	4	148
Pillow covers, small	1	44
Pillow cases, large	5	172
Pillow cases, small	1½	48
Towels, face	3	108
Towels, bath	3	112
Wash cloths	3	108
Jackets	2	68
Night shirts	1½	48
Bed pan covers	3	120
Water bottle covers	1	36

Total 1,459

These estimates were given in connection with the paper on linen and laundry routine and economies which was published in May 15 HOSPITAL MANAGEMENT.

CUT LINEN NOT EXCHANGED

In a discussion of methods of reducing linen losses, at a recent hospital convention, one speaker vouched for the value of the exchange system, whereby worn linen must be returned for new items. In this connection, however, he asserted that linens which have been cut, apparently for purposes for which they were not originally intended, are not subject to exchange without investigation.

For a limited time only this \$15 book

\$750

New Third Edition

Revised and Enlarged

The American Hospital of the Twentieth Century

By EDWARD F. STEVENS, Architect

Fellow of American Institute of Architects—Member of American Hospital Association

A complete, up-to-date and valuable book on Hospital Planning and Equipment. The Author has himself planned more than 150 hospitals and institutions.

Originally published in 1918, the first edition was sold out in a little over two years. The revised edition was printed in 1921 and this second edition has been entirely exhausted. The third edition represents an entire rewriting of all subjects and an increase from 224 pages in the first edition and 380 in the second edition to 550 in this new edition, with 660 illustrations of plans, details and photographs.

"The American Hospital of the Twen-

tieth Century" presents in a concrete form a vast fund of correlated facts, dealing with a number of Hospitals of international fame.

Mr. Edward F. Stevens, of Boston, is known in Europe and America as an authority on Hospital construction and equipment. He has approached his subject from a practical standpoint, selecting with discrimination and discussing in full detail.

This new edition has been entirely rewritten and much new material has been added. It discusses many departments, including the Kitchen and Laundry, devotes special chapters to Heating, Ventilation and Plumbing—Details of Construction and Finish Equipment—Landscape Architecture as applied to Hospitals, etc., etc.

550 pages—with 660 illustrations and floor plans

Price \$750 Net

—USE THIS COUPON—

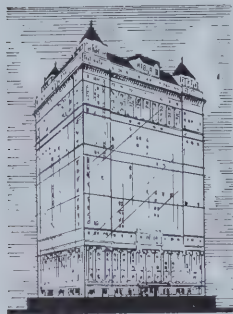
HOSPITAL MANAGEMENT, 537 S. Dearborn St., Chicago, Ill.

Send me copies of the new edition of The American Hospital of the Twentieth Century, at the special price of \$7.50 per copy. Payment is enclosed.

Name

Street Address.....

City and State.....



Lower Prices without Lowered Quality

- There no longer is any reason why you should deny yourself the luxury and convenience of the Book-Cadillac.
- 1200 rooms with private bath and circulating ice water. Over 50 per cent of them priced at \$3 to \$5 daily.
- Four restaurants serving quality foods at prices 25 per cent less than one year ago. Dinner and supper dancing in the Mayfair Room.

Under direction
of Ralph Hitz
E. T. LAWLESS
Manager

Book-Cadillac

DETROIT



HOTEL NEW YORKER, NEW YORK, ALSO UNDER

RALPH HITZ DIRECTION

DOCTORS and SPECIALISTS

By MORRIS FISHBEIN, M. D.

Filled with
contagious hu-
mor which is
death on
quacks and poi-
son to the pom-
pous.



"I'll redouble"



"Just state those symptoms once more,
please"

Price \$1.00

History's
funniest satire
of Doctors,
Specialists
and peculiar
Healers

HOSPITAL MANAGEMENT,
537 S. Dearborn Street, Chicago

Gentlemen: Please send me cop of DOCTORS
and SPECIALISTS. (Price \$1.00).

Name

Address

The Funniest Book of the Year

ALLOWANCES FOR STUDENTS

Student nurses in 78 per cent of nurses' schools get a monthly allowance. An additional 10 per cent are paid an allowance but are charged tuition. Seven per cent neither get an allowance nor pay tuition, and 5 per cent pay tuition only. These figures have come to light in the second grading of nurses' schools. Although some tendency toward doing away with student allowances is indicated, there is not an equally strong tendency toward using the money saved for strictly educational purposes, Dr. May Ayres Burgess, director of the Committee on the Grading of Nursing Schools, asserts.

Student allowances vary from the more common \$10 a month to as high as \$60 a month. The higher amounts are usually paid by mental hospitals.

Tuition charges run all the way from \$5, which covers part of the cost of books, up to a very few schools that charge as much as \$300.

"If the money now being spent by 88 per cent of the schools on student allowances could be used to increase the numbers of head nurses and assistant head nurses, and to secure for these positions mature, well-educated women who are able to teach nursing on the ward through practical example and through wise supervision of the students, such expenditure would result not only in happier patients, but in a better product from the school of nursing," Dr. Burgess concludes.

FULL TIME WORKERS BETTER

A hospital superintendent recently asked which was more satisfactory when making adjustments for a smaller volume of laundry work: to reduce the number of hours per day or days per week and keep all the laundry force on duty, or to maintain the regular schedule of hours and days and to reduce the personnel. One person who had been experimenting with this idea reported emphatically that it is better to maintain the full force of personnel and work one or two hours less a day, or a day or two less a week, than to endeavor to work the regular daily schedule with a reduced force. Another speaker warned that a reduction in operating days of the laundry meant that an extra supply of linens would have to be available to carry over the idle period of the laundry.

ROCHE ANNOUNCES A TONIC

A new tonic known as Tonikum "Roche" has recently been announced by Hoffmann-La Roche, Inc., Nutley, N. J., whose hospital sales department will be glad to send special supplies for ward use to any institution.

Tonikum "Roche" is marketed in original 6-ounce prescription bottles and a special gallon size for institutions. As with other "Roche" pharmaceuticals, hospitals will get lowest prices by dealing direct with the Hospital Sales Department of the company.

X-RAY SAVINGS

At a recent discussion of ways and means of reducing costs, one superintendent reported that in some cases where it was not essential to have a film made, his hospital had adopted the practice of using the fluoroscope, rather than an X-ray machine, and that some saving had resulted. This institution also makes use of sensitized paper for prints, rather than films, in instances where paper will serve the desired purpose.

NEW MODEL DISHWASHER

The Fearless Dishwasher Co., Rochester, N. Y., has put on the market, a dishwasher measuring only 22 ins. long by 22 ins. wide by 60 ins. in height, with a capacity of 3,000 dishes per hour. It has four wash spray tubes above the dishes and three wash spray tubes below, and the "fool-proof" features that have characterized Fearless dishwashing machines from the beginning.

ISSUES NEW CATALOG

A new catalog has been issued by The DeVilbiss Company, Toledo, O., manufacturers of air compressors and spray painting equipment. This catalog contains complete specifications and prices of portable spray-painting outfits, air and fluid hose and specialty equipment. Lower prices were effective May 1.

OPENS NEW YORK OFFICE

The Invisible Wardrobe Sales Company, which will handle all sales for the Federal Equipment Company, of Carlisle, Pa., manufacturing a patient's wardrobe which fits under standard hospital beds, has opened New York offices and display rooms at 342 Madison Avenue.

CLASSIFIED ADVERTISEMENTS

Use this department to secure employment, fill positions which are open, buy or sell commodities or service, etc., etc.

Rates are eight cents per word per insertion. If copy is repeated without change in three consecutive issues the total charge is twice the charge for a single insertion. Instructions to print classified advertisements should be accompanied by

check, money order, or cash in full payment.

If desired, inquiries will be received under a box number at this office and forwarded to the advertiser without extra charge. Count four words for box number.

Additional charge is made for special arrangement of type or unusual set-ups.

WANTED TO BUY

SIX OR EIGHT CYLINDER GWATHMEY, MET-
ric or Heidbrink machine in first class condition.
Box A-406, Hospital Management. 732

WANTED—THE FOLLOWING NUMBERS OF
the proceedings of the American Hospital Asso-
ciation: Volumes one to sixteen, inclusive; volume
20, 1918; volume 23, 1921; volume 26, 1924.
Kindly write stating condition of volumes and price
wanted. Ball Memorial Hospital, Muncie, Ind. 232

WANTED—COPIES OF MODERN HOSPITAL,
Hospital Management, Hospital Progress, for the
years previous to 1930. Let us hear from you—
what numbers you have and cost of same. Ball
Memorial Hospital, Muncie, Ind. 4-32

SALESMEN WANTED

WANTED—SALESMEN CALLING ON HOSPI-
tals to sell linens and uniforms. Nestel's Products
Company, 487 Broadway, New York City. 332

MANUFACTURER WANTS SALESMEN CALL-
ing on hospitals to carry side line of waterproof,
rustproof, dentproof wastebaskets, tested and
approved by both Good Housekeeping and Delineator
Institutes. Also line shatterproof flower vases, out-
standing products, attractive appearance, priced right,
easy to sell. Arveyware Corporation, 3500 North
Kimball Avenue, Chicago, Ill. 931

FOR SALE

DIPLOMAS—ONE OR A THOUSAND. ILLUS-
trated circular mailed on request. Ames & Rol-
linson, 206 Broadway, New York City. tf

POSITIONS WANTED

SUPERINTENDENT—Graduate University of Michi-
gan School of Nursing. Sixteen years' valuable ex-
perience as hospital administrator and business man-
ager. Present position eight years. Wishes to make
change to progressive hospital, 100-150 beds. Box
A-407, Hospital Management. 6-32

EXPERIENCED R. N.—IMMEDIATE APPOINT-
ment. Prefers general duty. Minnesota, North
Dakota. Box 102-B, Hospital Management. 6-32

RECORD LIBRARIAN, SEVEN YEARS IN HOS-
pitals, 200-275 beds, South preferred. Will com-
bine with secretarial work. Box 100-B, Hospital
Management. 532

PHARMACIST, WOMAN GRADUATE, EXPE-
rienced in hospital work, desires hospital position.
Box 101-B, Hospital Management. 332

WANTED POSITION—BUSINESS MANAGER OR
superintendent of medium size hospital. Expe-
rienced executive. Excellent credentials. ABC, Hos-
pital Management. 332

POSITIONS WANTED

WOMAN, 39, TEACHING AND SOCIAL EX-
perience, desires position in hospital or nursing
school. Box A-405, Hospital Management. 732

SUPERINTENDENT OR BUSINESS MANAGER—
Layman 10 years' hospital and clinic administrator
capable of organizing or reorganizing clinic or hospi-
tal. Nine years' experience in 500-bed hospital as
Assistant Superintendent, Accountant and Purchasing
Agent. One year Superintendent and Business Man-
ager of large clinic. At present holding Superin-
tendency of hospital. Box A-404, Hospital Man-
agement.

HOSPITAL RECORD LIBRARIAN—YOUNG
lady, well educated, trained Record Librarian, long
experience as medical secretary in surgeon's office,
desires position as Hospital Record Librarian. Ad-
dress: M. B., care of Hospital Management. 12-31

SALESMAN—15 YEARS' EXPERIENCE CALLING
on hospitals and institutions, would like to carry
one or two lines of merit on the side. Address
P. O. Box 64, Woodside, L. I., N. Y.

POSITION WANTED—ASSISTANT SUPERIN-
tendent, man, age 24, American, Protestant, B. S.,
University Chicago. Also some medical, legal and
commercial education. Looking for opportunity. Box
A-392, Hospital Management.

LADY, 40, REQUIRES POSITION AS CHARGE
in small maternity or general hospital. Competent,
reliable—bright, kind disposition. C. M. B. Cer-
tificate of England, also Surgical and Medical Diplo-
mas. Graduate of Leeds, England. Would consider
good private work. Apply Box A-393, Hospital
Management.

SUPERINTENDENT OR ASSISTANT, LAYMAN
with 19 years' experience, graduate in business ad-
ministration, specialist in purchase and supply. Best
of references. Box A-394, Hospital Management.

POSITION WANTED—GRADUATE NURSE,
stenographer, in doctor's office, clinic, or hospital.
Age 27, experience in supervising. References. Mod-
erate salary. Box A-402, Hospital Management. 12-31

MEDICAL BUREAU

Pittsfield Bldg., Chicago, Ill.

INSTRUCTOR—B. A. degree, state university; two
years instructor and supervisor, Yale University
School of Nursing; three years, instructor and prin-
cipal school of nursing; 150-bed hospital. No. 633.
SUPERINTENDENT OF NURSES—B. S. degree;
graduate eastern training school; five years, educa-
tional director, 500-bed institution; eight years, su-
perintendent of nurses, large municipal hospital;
served as member of Committee on Nursing Educa-
tion for several years where she made valuable con-
tributions. No. 634.

MEDICAL BUREAU

M. Burnice Larson, Director
Pittsfield Bldg., Chicago, Ill.

THE MEDICAL BUREAU has available for appoint-
ment a great group of Class-A physicians, surgeons,
and dentists; accredited graduate nurses; dietitians and
technicians. They are located in all parts of Amer-
ica; they pass our requirements; they are capable and
dependable. Write or wire your needs to The
Medical Bureau, Pittsfield Bldg., Chicago.

POSITIONS WANTED

NURSE PLACEMENT SERVICE— MIDWEST STATES

1522 Willoughby Tower Bldg.
8 S. Michigan Ave., Chicago, Ill.

We are in a position to supply hospitals and
schools of nursing with highly qualified Executives,
Instructors, Supervisors, Anesthetists, and General
Staff Nurses.

This service is maintained by the State Nurses'
Associations of Illinois, Indiana, Iowa, Michigan and
Wisconsin.

SOUTHWEST HOSPITAL PLACEMENT BUREAU

602 Manufacturers Exchange Bldg.
Kansas City, Mo.

We have available for appointment a selected group
of Superintendents, Superintendent of Nurses, In-
structress, Technicians, etc. Write or wire us your
requirements.

ZINSER PERSONNEL SERVICE

Anne V. Zinser, Director
1547 Marquette Bldg.
Chicago, Ill.

Zinser Personnel Service offers a selective service to
hospitals seeking qualified graduate nurses, supervisors,
instructors, superintendents, dietitians, anesthetists,
technicians, physicians.

POSITIONS OPEN

THE MEDICAL BUREAU

Pittsfield Bldg., Chicago, Ill.

ANAESTHETISTS—(a) Anaesthetist experienced in
record-keeping; \$130, maintenance. (b) Anaesthetist
qualified in both x-ray and laboratory work; new
hospital. (c) Anaesthetist qualified to supervise
pediatrics; 250-bed hospital; eastern city. No. 625.

INSTRUCTOR—(a) For university school of nurs-
ing; two years' university training with special
preparation for teaching at Western Reserve, Cin-
cinnati, Yale or Minnesota required; unusual oppor-
tunity for woman who can qualify. (b) Science in-
structor; western hospital; 225 beds; \$150, mainte-
nance. (c) Practical instructor central school of nurs-
ing. No. 627.

SUPERVISORS—(a) Operating room supervisor for
one of New York's most prominent hospitals; post-
graduate training and several years' successful expe-
rience required. (b) Pediatric supervisor; 400-bed
hospital; New York State. (c) Pediatric supervisor;
degree and ability to organize courses for postgradu-
ate required; central school. No. 628.

CONTAGION—Graduate nurse with academic de-
gree and special training in contagion to head de-
partment in university school offering postgraduate
training in contagion; administrative experience neces-
sary; \$150, maintenance. No. 630.

EDUCATIONAL DIRECTOR—For central school of
nursing now being organized; initial student enroll-
ment about 130; two full-time instructors as assist-
ants. No. 631.

HOSPITAL PERSONNEL EXECUTIVE AND TECHNICAL

A confidential and individual service offered to those
seeking employment. Write for details.

THE NATIONAL BUSINESS BOURSE
Established 1915

20 W. Jackson Blvd., Chicago tf

“ . . . as essential as a meal”

That's what one veteran hospital administrator said about *Hospital Management* when he renewed his subscription a few days ago.

No higher praise, we feel, could come to any publication. No greater tribute to the unwavering editorial policy which has made *Hospital Management* “the *practical* journal of administration” could possibly be paid.

To serve those hospital executives who want practical, useful, definitely helpful ideas and suggestions which will aid them in their work has been the purpose of *Hospital Management* for sixteen years. To convey concrete, usable suggestions and ideas to interested, intelligent hospital executives shall continue to be the aim of *Hospital Management* in the future.

We hope that we shall in increasing measure deserve the description “. . . . as essential as a meal”



THE STANDARD HOSPITAL COTTON

Lee's Hospital Cotton, the finest quality of hospital roll cotton, can be bought today at prices lower than they have been for 16 years! Not since 1916 have our prices on this splendid product been as low as they are today. Known for its excellence wherever quality cotton is used, Lee's Hospital Cotton is made from long-staple first-grade raw material by the meticulous Johnson & Johnson processes. Its snowy whiteness is achieved by our special bleaching methods; its high degree of absorbency is created by our own perfected treatments. Send for a trial roll today and see its superiority.

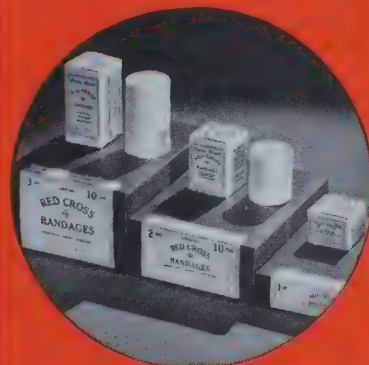
HOSPITAL DIVISION

+ *Johnson & Johnson* **+**
NEW BRUNSWICK NEW JERSEY



K-Y JELLY

The sterile lubricant for every penetrative purpose. Greaseless and water-soluble. In hospital or standard-size tubes.



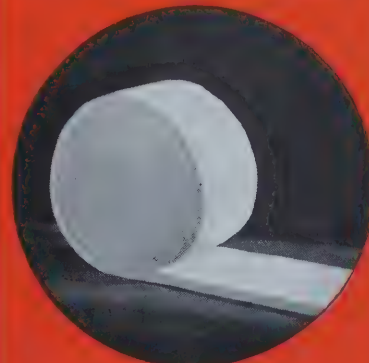
RED CROSS BANDAGES

Raveled edges. Made from strong 44 x 40 gauze. 1" to 4" widths; 6- and 10-yard lengths.



NOSE AND MOUTH MASKS

4-ply surgical gauze. Flexible aluminum nose bridge permits close fitting, eliminating cloudy glasses.



CELLULOSE

Absorbent; neatly-wound rolls. 8-lb. rolls, 12" wide; 16 lb. rolls, 24" wide.

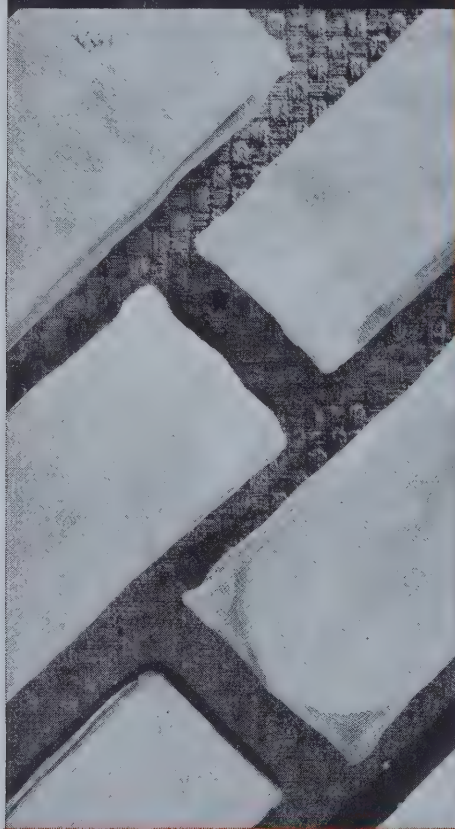


Cellucotton Products

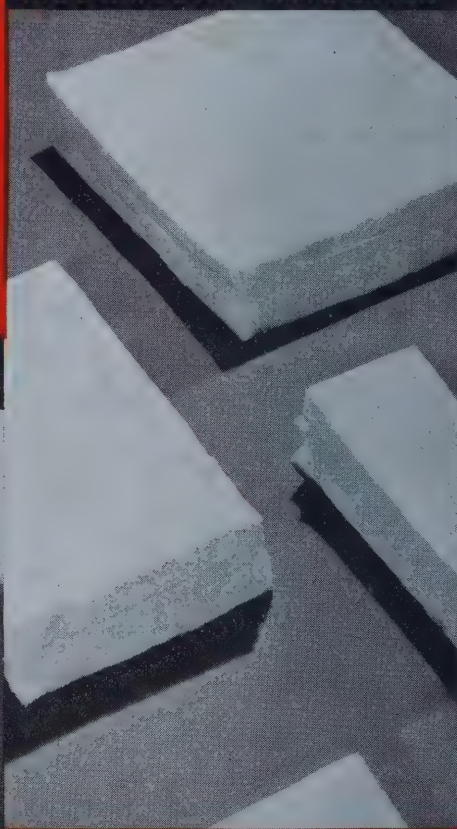
No one material serves more useful purposes in the hospital . . . more economically than Cellucotton Absorbent Wadding. The ready-made convenience and low cost of Kotex, Celluwipes, and Ready-cut Cellucotton Absorbent Wadding is undeniably demonstrated by the thousands of hospitals now using these Cellucotton products. ♦ They have become the standard hospital absorbents, because they offer the rare advantage of being the most effective and efficient as well as the most economical dressings.

Samples of any or all of them will gladly be sent on request of hospital executives.

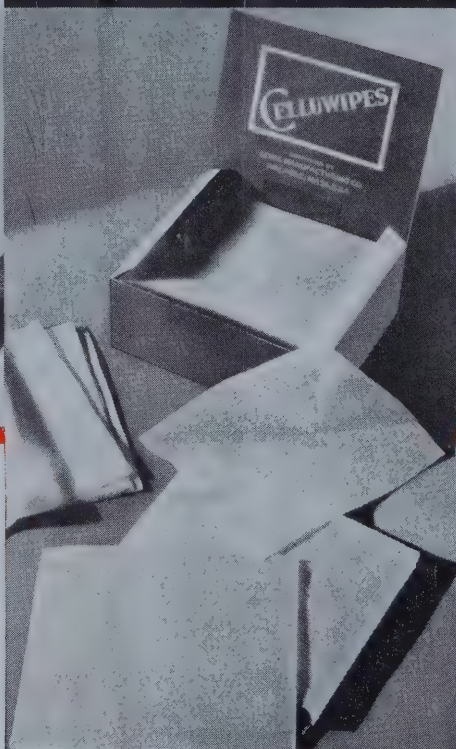
KOTEX



CELLUCOTTON ABSORBENT WADDING



CELLUWIPES



Curity

REG. U.S. PAT. OFF.

READY-MADE DRESSINGS

LEWIS MANUFACTURING CO.

Division of THE KENDALL COMPANY, Walpole, Mass.

LEWIS MANUFACTURING CO. OF CANADA, LTD.

Head Office and Warehouse, 96 Spadina Ave. Toronto

*For over thirty years the leading manufacturers
of surgical dressings*

362.05

HOSM

Hospital Management

*A Practical Journal
of Administration*

VOLUME XXXIII—NUMBER 5

M A Y 1 5, 1 9 3 2



THE LIBRARY OF THE
SERIALS
UNIVERSITY OF CALIFORNIA

- ¶ *Beginning the Successful Collection*
- ¶ *What About Modernizing?* ¶ *Obstet-
rical Department Routine* ¶ *How Some
Hospitals Figure Costs* ¶ *More News-
paper Articles for Hospitals* ¶ *Why
Y-Shape Plan Was Chosen* ¶ *12 Questions
for Hospital Students* ¶ *25 Years Ago
and Today* ¶ *Costs Committee Tells of
Plans* ¶ *Fewer Schools, More Students*
- ¶ *Food Problems in the South*



Curity
REG. U.S. PAT. OFF.
SUTURES

STERILE CATGUT

LEWIS MANUFACTURING CO.

Calm, meticulous, unhurried laboratory research and inspection guarantee, in Curity Sutures; a tensile strength, sterility, absorbability, and pliability in which the surgeon can have complete confidence during the tense and trying moments when all his skill and concentration are needed for the task at hand. . . . An extra measure of care in manufacture, and in control of quality give an extra measure of dependability in the use of Curity Sutures and Ligatures. Samples gladly sent to hospital executives.

LEWIS MANUFACTURING CO.
Division of THE KENDALL COMPANY, Walpole, Mass.
LEWIS MANUFACTURING CO. OF CANADA, LTD.
Head Office and Warehouse, 96 Spadina Avenue, Toronto
For over thirty years the leading manufacturers of surgical dressings

KOTEX MATERNITY PADS

Machine-made Kotex Maternity Pads eliminate the costly waste and inefficiency of hand manufacturing. They offer the hospital uniformity of size and construction and the greater convenience of a constantly available supply. With

their filling of Cellucotton Absorbent Wadding they offer the greatest possible absorbency. Today their use is so universal that their low price makes them an economy in any hospital. Samples will be sent on request to executives.



HARTFORD MUNICIPAL HOSPITAL, Hartford, Conn.
 Architects: Ebbets & Frid
 Hartford
 Consultant: William H. Walsh, M. D.
 Chicago

SELECTIONS From The Blue Book of CASTLE Installations

HARTFORD MUNICIPAL HOSPITAL
 Hartford
 HARTFORD HOSPITAL
 Hartford
 MASSACHUSETTS GEN. HOSPITAL
 Baker Memorial, Boston
 BOSTON LYING-IN HOSPITAL
 Boston
 FAULKNER HOSPITAL
 Boston
 HURLEY HOSPITAL
 Flint
 STRONG MEMORIAL HOSPITAL
 Rochester, N. Y.
 GENERAL HOSPITAL
 Rochester, N. Y.
 ALLEGHENY GENERAL HOSPITAL
 Pittsburgh
 UNIVERSITY OF PITTSBURGH
 Falk Clinic, Pittsburgh
 UNIVERSITY OF FLORIDA INFIRMARY
 Gainesville
 UNIVERSITY OF CALIF. INFIRMARY
 Berkeley
 UNIVERSITY OF OREGON
 Doernbecker Memorial, Portland
 MEHARRY MEDICAL COLLEGE
 Nashville
 MONTREAL GENERAL HOSPITAL
 Montreal
 HOSPITAL ST. LUC
 Montreal
 NOTRE DAME HOSPITAL
 Montreal
 CITY HOSPITAL
 Saskatoon
 TORONTO EAST GENERAL HOSPITAL
 Toronto
 HORTON MEMORIAL HOSPITAL
 Middletown, N. Y.
 BABY HOSPITAL
 Oakland, Calif.
 METHODIST HOSPITAL
 Dallas
 GEORGETOWN UNIVERSITY HOSP.
 Washington, D. C.
 MERCY HOSPITAL
 Buffalo, N. Y.
 LUCAS COUNTY HOSPITAL
 Toledo, O.
 CROUSE-IRVING HOSPITAL
 Syracuse, N. Y.
 SYRACUSE MEMORIAL HOSPITAL
 Syracuse, N. Y.
 ST. ELIZABETH'S HOSPITAL
 Granite City, Ill.
 SOUTHERN PACIFIC SANATORIUM
 Tucson
 SPRINGFIELD HOSPITAL
 Springfield, Mass.

Installation Soon:
 WINDHAM COMMUNITY
 MEMORIAL HOSPITAL
 Willimantic, Connecticut

Castle is famous for the Company it keeps

Castle Sterilizers are installed in many of the finest hospitals in the country. They could get there only thru down-right quality. And equally significant is the fact that a great majority of these hospitals have turned to us, year after year, for such additional equipment as their expansion programs required. Repeat orders are sound evidence of performance. And in this respect, Castle is indeed famous for the Company it keeps.

Wilmot Castle Company
 1154 University Ave. Rochester, N. Y.

CASTLE

STERILIZERS

When Patients Are Convalescing



Convalescents are exceptionally critical. The impressions they gather, while recovering, are those by which they remember you. It is especially desirable that their food be prepared and served in Hall China. • Hall China has the wholesome, appetizing beauty that quickens lagging appetites, and dense heat-retaining walls that insure hot food and beverages remaining so. Toughness of body guarantees long life. Thorough vitrification and hard glaze means easy cleaning and perfect sterilization. The combination meets every hospital requirement. : : : :

HALL'S FIREPROOF CHINA
Secret process
HALL CHINA COMPANY • EAST LIVERPOOL • OHIO

HOSPITAL MANAGEMENT

A PRACTICAL JOURNAL OF ADMINISTRATION

CONTENTS FOR MAY

FIRST STEPS IN SUCCESSFUL COLLECTION.....	19
<i>John E. Lander</i>	
LET'S LOOK AT SYSTEM OF CHARGES.....	22
<i>L. C. Vonder Heidt</i>	
HAVE YOU CONSIDERED BENEFITS OF MODERNIZING?.....	23
POWER PLANT A SOURCE OF SAVING.....	24
<i>R. G. Johansen</i>	
OBSTETRICAL ROUTINE, METHODIST HOSPITAL, BROOKLYN.....	25
<i>Mabel R. Duryea</i>	
"WHAT'S YOUR PER CAPITA COST?".....	28
<i>Matthew O. Foley</i>	
MORE NEWSPAPER ARTICLES FOR HOSPITALS.....	30
WHY NORTON MEMORIAL INFIRMARY CHOSE Y-SHAPE.....	33
<i>Alice M. Gaggis, R. N.</i>	
12 QUESTIONS FOR HOSPITAL STUDENTS.....	37
A PEEP INTO A HOSPITAL 25 YEARS FROM NOW.....	37
<i>Asa S. Bacon</i>	
SOME IDEAS ON TRAINING COURSES.....	38
A HOSPITAL RADIO INTERVIEW.....	42
LIGHTENING THE HOUSEKEEPER'S WORRIES.....	43
<i>Macie N. Knapp</i>	
LOOKING BACK 25 YEARS.....	44
<i>George W. Nilson</i>	
PLANS OF COMMITTEE ON MEDICAL COSTS.....	46
FEWER SCHOOLS, MORE NURSES IN SOME STATES.....	48
FIVE MONTHS OF GROUP NURSING AT MT. SINAI.....	50
EXPERIENCES WITH HOSPITAL INSURANCE.....	51
IMPORTANT MEETINGS JUST AHEAD.....	52
HIGH LIGHTS OF NURSES' BIENNIAL.....	55
NEW YORK CONVENTION	56
<i>Kenneth C. Crain</i>	
DR. OLSEN NEW MICHIGAN PRESIDENT.....	58
OUTPATIENT WORK IN SMALL HOSPITALS.....	58
<i>Hannah Rosser</i>	
ILLINOIS TO STUDY AUTOMOBILE ACCIDENTS.....	59
SPLENDID CONVENTION IN MEMPHIS.....	62
WHAT'S WRONG WITH FOOD SERVICE IN THE SOUTH?.....	66
<i>Fairfax T. Proudfit</i>	
WHO SHOULD DIRECT FOOD SERVICE?.....	74
FEEDING 132 CHILDREN, 120 PERSONNEL.....	76
<i>Dorothy Goodrich</i>	
IMPRESSIONS OF SAN ANTONIO.....	82
<i>Sister Mary Therese, A. M., B. S., R. N.</i>	
GRADUATE VS. STUDENT NURSING.....	84
X-RAY LABORATORY WORK IN SMALL HOSPITALS.....	86
<i>J. R. Tracy, M. D.</i>	
FACTORS AFFECTING LIFE OF LINENS.....	92
<i>Rev. H. L. Fritschel</i>	

EVERY-MONTH FEATURES

AD-VENTURING	10	10, 15 YEARS AGO THIS MONTH....	60
THE EDITORIAL BOARD SAYS.....	12	THE HOSPITAL ROUND TABLE.....	49
LETTERS TO THE EDITOR.....	17	FOODS AND FOOD SERVICE.....	66
EDITORIALS	40	NURSING SERVICE	82
COMMUNITY RELATIONS	42	X-RAY LABORATORIES	86
"HOW'S BUSINESS?"	39	THE RECORD DEPARTMENT.....	88
WHO'S WHO IN HOSPITALS.....	47	THE HOSPITAL LAUNDRY.....	92
THE HOSPITAL CALENDAR.....	90	PRACTICAL INFORMATION ON EQUIP-	
		MENT	16

BUYERS' GUIDE PAGE 4; INDEX OF ADVERTISERS PAGE 6

MAY 15, 1932



VOLUME XXXIII, NUMBER 5

HOSPITAL MANAGEMENT, published on the fifteenth of each month by the Associated Business Papers, Inc. Subscription \$2 a year. Entered as second class matter May 14, 1917, at the post office, Chicago, Ill., under the act of March 3, 1879. Member Audit Bureau of Circulations, Me 1917.

BUYER'S GUIDE TO HOSPITAL EQUIPMENT AND SUPPLIES

ABSORBENT CELLULOSE

Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

ABSORBENT COTTON

Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.

ADHESIVE

American Hospital Supply Corp.
Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.

ALCOHOL

Rossville Commercial Alcohol Co.

ALUMINUM WARE

Aluminum Cooking Utensil Co.
Swartzbaugh Mfg. Co.

ANAESTHESIA GASES

Puritan Compressed Gas Corp.
S. S. White Dental Mfg. Co.

ANAESTHETIZING APPARATUS

C. M. Sorensen Co., Inc.
S. S. White Dental Mfg. Co.

ANTISEPTICS

Lehn & Fink, Inc.

ASPIRATING OUTFITS

C. M. Sorensen Co., Inc.

BABY IDENTIFICATION

J. A. Deknatel & Son
Johnson & Johnson
Physicians' Record Co.

BABY SOAP

Colgate-Palmolive-Peet Co.
Johnson & Johnson

BANDAGES

American Hospital Supply Corp.
Bay Co.
Becton, Dickinson & Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

BEDS

American Hospital Supply Corp.
Will Ross, Inc.

BEDDING

Karr Co.
Marvin-Neitzel Corp.
Master Bedding Makers of America
Rome Co., Inc.

BED PANS AND URINALS

Am. Hosp. Supply Corp.
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

BED PAN RACKS

Wilmot Castle Co.

BEVERAGES

John Sexton & Co.

BLACKBOARDS

N. Y. Silicate Book Slate Co.

BLANKETS

Cannon Mills, Inc.
Marvin-Neitzel Corp.
Will Ross, Inc.

BOOKS

Hospital Management

BRUSHES

John Sexton & Co.

CANNED FOODS

Libby, McNeill & Libby.
John Sexton & Co.

CASE RECORDS

Hospital Standard Publishing Co.
Physicians' Record Co.

CATGUT

American Hospital Supply Corp.
Davis & Geck, Inc.
Johnson & Johnson
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

CELLUCOTTON

Lewis Mfg. Co.

CENTRIFUGES

Central Scientific Co.

CHEMICALS

Central Scientific Co.
Davis & Geck

CHINA, COOKING

Hall China Co.
D. E. McNicol Pottery Co.
Onondaga Pottery Co.

CHINA, TABLE

Hall China Co.
D. E. McNicol Pottery Co.
Onondaga Pottery Co.

CLEANING SUPPLIES

Colgate-Palmolive-Peet Co.
J. B. Ford Co.
Lehn & Fink, Inc.
Procter & Gamble Co.
John Sexton & Co.

COCOA

S. Gumpert & Co.
John Sexton & Co.

COFFEE

John Sexton & Co.
Continental Coffee Co.

CONDENSED MILK

John Sexton & Co.

COTTON

Am. Hosp. Supply Co.
Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

CREPE BANDAGES

Becton, Dickinson & Co.
Johnson & Johnson

CUBICLE EQUIPMENT

H. L. Judd Co., Inc.

DENTAL EQUIPMENT

Johnson & Johnson
S. S. White Dental Mfg. Co.

DIAPERS (PAPER)

Griswoldville Mfg. Co.

DISINFECTANTS

Johnson & Johnson
Lehn & Fink, Inc.
John Sexton & Co.

DISINFECTING EQUIPMENT

American Sterilizer Co.
Wilmot Castle Co.

DISHWASHING CLEANERS

J. B. Ford Co.

DISH WASHING MACHINES

Colt's Pat. Fire Arms Mfg. Co.
Fearless Dishwasher Co., Inc.

DRESSING MATERIALS

Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

DRINKS

John Sexton & Co.

DRUGS

Hoffmann La Roche, Inc.

ELECTRO THERAPEUTIC

APPARATUS
General Electric X-Ray Corp.
Carl Zeiss, Inc.

FISH

John Sexton & Co.

FLOOR COVERINGS

Congoleum-Nairn, Inc.

FLOOR WAX

John Sexton & Co.

FLOORING

Congoleum-Nairn, Inc.

FOOD CONVEYORS

Market Forge Co.
Swartzbaugh Mfg. Co.

FOODS

Gen. Foods Sales Co.
S. Gumpert & Co.
H. T. Heinz Co.
Jell-O Co., Inc.
Libby, McNeill & Libby
John Sexton & Co.

FORMS

Hospital Standard Publishing Co.
Physicians' Record Co.

FURNITURE

American Hospital Supply Corp.
Doehler Furn. Co., Inc.
Will Ross, Inc.
Stanley Supply Co.

GARMENTS

American Hospital Supply Corp.
H. A. Dix & Sons Corp.
Marvin-Neitzel Corp.
Will Ross, Inc.
SnoWhite Garment Mfg. Co.
Women's Uniforms, Inc.

GAUZE

Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.

GELATINE

S. Gumpert & Co.
Jell-O Co., Inc.
John Sexton & Co.

GERMICIDES

Bard-Parker Co., Inc.

GOWNS, PATIENTS'

Marvin-Neitzel Corp.
Will Ross, Inc.

HEATING EQUIPMENT

Johnson Service Co.

HOSPITAL BULLETINS

Hospital News.
Physicians' Record Co.

HOSPITAL FURNITURE

Doehler Furniture Co., Inc.
H. D. Dougherty & Co.

HOSPITAL PADS

Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

HOSPITAL POSTERS

Hospital Management

HOSPITAL SUPPLIES

Am. Hosp. Supply Corp.
Bay Co.
H. D. Dougherty & Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.
Max Woche & Son Co.

HOT WATER BOTTLES

American Hosp. Supply Corp.
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

HUMIDITY CONTROL

Johnson Service Co.

HYDRO-THERAPEUTIC

APPARATUS
Powers Regulator Co.

HYPODERMIC NEEDLES

American Hosp. Supply Co.
Becton, Dickinson & Co.
Meinecke & Co.
Stanley Supply Co.

ICE BAGS

American Hosp. Supply Corp.
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

IDENTIFICATION NECKLACES

J. A. Deknatel & Son

INCUBATORS

J. A. Deknatel & Son, Inc.

INSECTICIDES

John Sexton & Co.

INTERCOMMUNICATING SYSTEMS

Western Electric Co.

JANITORS' SUPPLIES

J. B. Ford Co.
John Sexton & Co.

JOURNALS

Hospital Management

KITCHEN EQUIPMENT

Inc.
Colt's Pat. Fire Arms Mfg. Co.
Edison General Elec. Appliance Co.
Fearless Dishwasher Co., Inc.
Bernard Gloekler Co.
Hall China Co.
Market Forge Co.
Standard Gas Equipment Corp.
Swartzbaugh Mfg. Co.
Waters-Genter Co.

LABORATORY EQUIPMENT

Central Scientific Co.
Spencer Lens Co.
Carl Zeiss, Inc.

LACQUERS and ENAMELS

Zapon Co.

LAUNDRY SUPPLIES

J. B. Ford Co.
Lehn & Fink, Inc.
Procter & Gamble Co.
John Sexton & Co.

LAXATIVES

Health Products Corp.
Hoffmann-La Roche, Inc.

LINENS

Cannon Mills, Inc.
Utica Steam & Mohawk Valley Cotton Mills

LINOLEUM

Congoleum-Nairn, Inc.

MATTRESSES

H. D. Dougherty & Co.
Karr Co.
Master Bedding Makers of America.
Rome Co., Inc.

MEMORIAL TABLETS

Puritan Compressed Gas Corp.

MICROSCOPES

Central Scientific Co.
Spencer Lens Co.

MONEL METAL

International Nickel Co.

MORTUARY REFRIGERATORS

Market Forge Co.

MUSIC REPRODUCTION

Western Electric Co.

NAPKINS (PAPER)

Aatell & Jones, Inc.
Will Ross, Inc.
John Sexton & Co.

NICKEL WARE

International Nickel Co.

NURSES' GARMENTS

H. A. Dix & Sons Corp.
Marvin-Neitzel Corp.
Will Ross, Inc.
SnoWhite Garment Mfg. Co.
Women's Uniforms, Inc.

OPERATING ROOM LIGHTS

American Hospital Supply Corp.
Max Woche & Son Co.
Carl Zeiss, Inc.

OXYGEN

Linde Air Products Co.

OXYGEN THERAPY EQUIPMENT

American Hospital Supply Corp.
Puritan Compressed Gas Corp.

PAPER GOODS

Aatell & Jones, Inc.
American Hospital Supply Corp.
Meinecke & Co.
Milwaukee Lace Paper Co.
Will Ross, Inc.
John Sexton & Co.

PAPER NAPKINS

Aatell & Jones, Inc.
Milwaukee Lace Paper Co.
John Sexton & Co.

PATIENTS' RECORDS

Hospital Standard Pub. Co.
Physicians' Record Co.

PHARMACEUTICALS

Health Products Corp.
Hoffmann-La Roche, Inc.

PHYSIOTHERAPEUTIC APPARATUS

Gen. Elec. X-Ray Corp.
Carl Zeiss, Inc.

PLUMBING FIXTURES

Powers Regulator Co.

Believe Your Eyes!

Here — certified — is the exact amount
of olive oil that goes into every
cake of Palmolive

*What other soap tells you —
shows you — its ingredients?*

JUST look at this test tube. You know the priceless cosmetic effect of olive oil. Here the camera shows the exact amount of olive oil that goes into every cake of Palmolive. That is why more than 20,000 beauty experts and millions of women consider Palmolive more than a soap—a priceless beauty treatment. Blended with the olive oil are oils from palm trees to give a rich, creamy lather. No other fats whatsoever!

Do other soaps offer you this? Do they show you—or even tell you—what they are made of? Palmolive does! Every cake is marked. It is made of olive and palm oils. Its very color is the natural green of these two

vegetable oils. No artificial coloring! Pure. Sweet. *Naturally* fragrant.

That is why we say to you: Supply Palmolive Soap to your patients. For many years Palmolive has been the one toilet soap preferred to all other kinds. And now it is winning thousands of new users every day. Palmolive in your hospital shows patients you are considerate of their beauty needs.

In spite of its quality and prestige, Palmolive costs no more than ordinary soaps. Your hospital's name printed on the wrappers with orders of 1,000 cakes or more. We will gladly send you samples and prices of our five special sizes for hospitals. Mail the coupon today.



**SEND FOR
FREE BOOKLET**

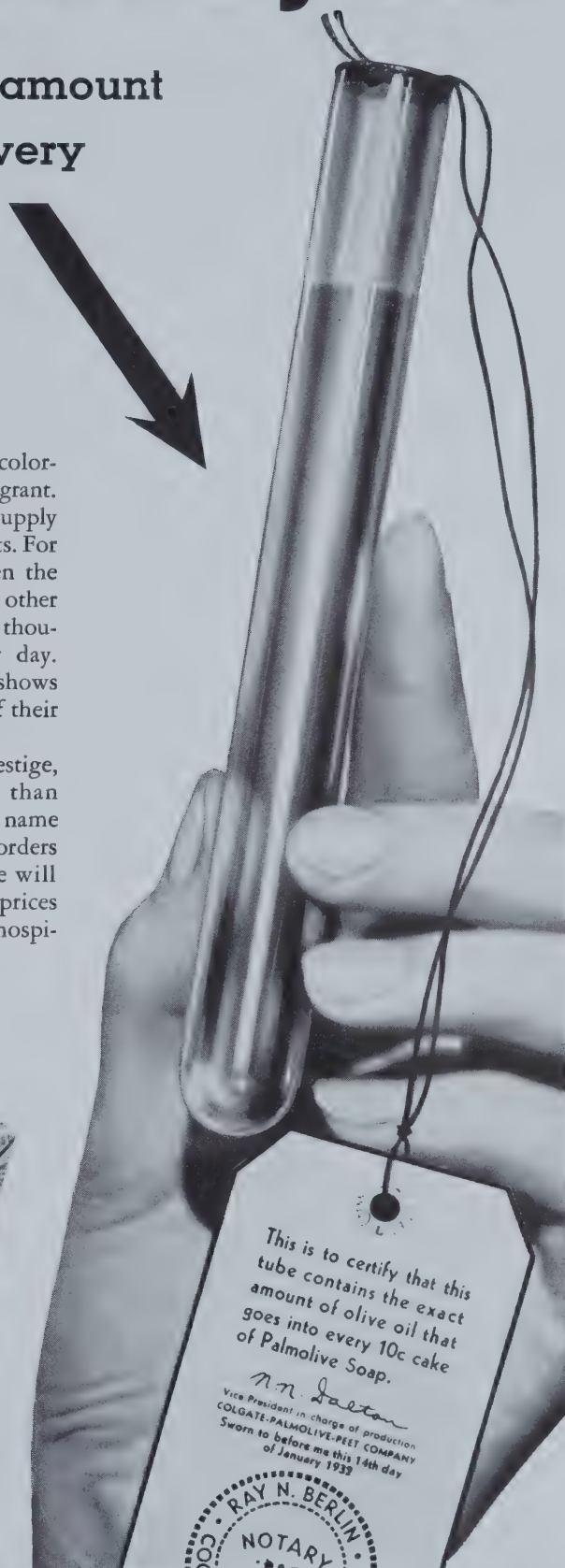
COLGATE-PALMOLIVE-PEET COMPANY
Dept. HM-5, Palmolive Building, Chicago

Without obligation send me your free booklet, *Hospital Cleanliness Maintenance* together with Palmolive Soap samples and prices.

Name _____

Please Print Name

Address _____ City _____ State _____



This is to certify that this
tube contains the exact
amount of olive oil that
goes into every 10c cake
of Palmolive Soap.

R. N. Dalton
Vice President in charge of production
COLGATE-PALMOLIVE-PEET COMPANY
Sworn to before me this 14th day
of January, 1933



**COLGATE-PALMOLIVE
PEET COMPANY**

Palmolive Building, Chicago

New York Kansas City Milwaukee
San Francisco Jeffersonville, Ind.

INDEX TO ADVERTISERS

AMERICAN HOSPITAL SUPPLY CORP.....	81	LEWIS MFG. CO.	Second Cover
AMERICAN STERILIZER CO.	90	MARVIN-NEITZEL CORP.	14-15
BARD-PARKER CO., INC.....	9	MILLER RUBBER PRODUCTS CO.....	8
CASTLE, WILMOT, CO	1	MONASH-YOUNKER CO.	92
CLASSIFIED ADVERTISEMENTS	95	N. Y. SILICATE BOOK SLATE CO.....	92
COLGATE-PALMOLIVE-PEET CO.	5	PURITAN COMPRESSED GAS CORP.....	83
COLT'S PATENT FIRE ARMS MFG. CO.....	77	ROLSCREEN CO.	63
CONTINENTAL COFFEE CO., INC.....	79	ROME CO., INC.....	65
DAVIS & GECK.....	Insert, p. 8	ROSS, WILL, INC.....	85
DEKNATEL, J. A., & SONS CO.....	83	ROSSVILLE COMMERCIAL ALCOHOL CO.....	7
DIACK, A. W.	81	SEXTON, JOHN, & CO.....	Insert, p. 16
DIX, HENRY A., & SONS CORP.....	91	SNO-WHITE GARMENT MFG. CO.....	83
EDISON GENERAL ELECTRIC APPLIANCE CO.....	70-71	SOLAR-STURGES MFG. CO.....	89
FORD CO., J. B.....	13	SPENCER LENS CO.	85
GENERAL ELEC. X-RAY CORP.....	87	STANDARD GAS EQUIPMENT CORP.....	75
GENERAL FOOD SALES CO., INC.....	67	STANLEY SUPPLY CO.	91
GUMPERT, S., CO., INC.....	Fourth Cover	SWARTZBAUGH MFG. CO.	69
HALL CHINA CO.	2	UTICA AND MOHAWK COTTON MILLS, INC.....	92
HOFFMANN-LA ROCHE, INC.....	81	WHITE, S. S., DENTAL MFG. CO.....	89
HOSPITAL STANDARD PUB. CO.....	89	WOCHER, MAX, & SON CO., THE.....	11
JELLO CO., INC.....	67	ZAPON CO.	79
JOHNSON & JOHNSON.....	Third Cover	ZEISS, CARL, INC.....	89
JOHNSON SERVICE CO.....	18		
KAUFMANN, HENRY L., & CO.....	91		
KELVINATOR CORP.	73		

BUYER'S GUIDE TO HOSPITAL EQUIPMENT AND SUPPLIES — Cont'd

PROJECTING MACHINES Spencer Lens Co. Carl Zeiss, Inc.	SELF-CLOSING RECEPTACLES Solar-Sturges Mfg. Co.	SUCTION, ETHER APPARATUS C. M. Sorensen Co., Inc.	THERMOSTATS Johnson Service Co.
RADIO EQUIPMENT Samson Electric Co. Western Electric Co.	SERVICE WAGONS Swartzbaugh Mfg. Co.	SURGICAL BINDERS Marvin-Neitzel Corp.	TILE, FLOOR Congoleum-Nairn, Inc.
RANGES, KITCHEN Edison G. E. Appliance Co. Standard Gas Equipment Corp.	SHEETS AND PILLOW CASES Cannon Mills, Inc. Johnson & Johnson Utica Steam & Mohawk Valley Cotton Mills	SURGICAL DRESSINGS American Hospital Supply Corp. Bay Co. Griswoldville Mfg. Co. Johnson & Johnson Lewis Mfg. Co.	TOASTERS, AUTOMATIC Waters-Genter Co.
RECEPTACLES Solar-Sturges Mfg. Co.	SHOWER REGULATORS Powers Regulator Co.	SURGICAL INSTRUMENTS Bard-Parker Co., Inc. Meinecke & Co. Carl Zeiss, Inc.	TOWELS Cannon Mills, Inc.
RECORD SYSTEMS Hospital Standard Pub. Co. Physicians' Record Co.	SHROUD COVERS Aatell & Jones, Inc.	SUTURES Am. Hosp. Supply Co. Davis & Geck, Inc. J. A. Deknatel & Son, Inc. Johnson & Johnson Lewis Mfg. Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.	TRAY CARRIERS Swartzbaugh Mfg. Co.
REFRIGERATION, ELECTRIC Kelvinator Corp.	SIGNAL AND CALL SYSTEMS Holtzer-Cabot Elec. Co. Western Electric Co.		TRAY COVERS Aatell & Jones, Inc. Milwaukee Lace Paper Co.
REGULATORS, VALVE Linde Air Products Co.	SOAPS Colgate-Palmolive-Peet Co. Johnson & Johnson Procter & Gamble Co. John Sexton & Co.		UNIFORMS Marvin-Neitzel Co. Henry A. Dix & Sons Corp. Sno-White Garment Mfg. Co. Will Ross, Inc. Women's Uniforms, Inc.
ROLLING WINDOW SCREENS Rolscreen Co.	SOAP DISPENSERS Aatell & Jones, Inc. Colgate-Palmolive-Peet Co. Procter & Gamble Co.		WALL COVERING Congoleum-Nairn, Inc.
RUBBER GOODS Am. Hospital Supply Corp. Central Scientific Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.	SODA, LAUNDRY J. B. Ford Co. John Sexton & Co.	SYRINGES Am. Hospital Supply Corp. Becton, Dickinson & Co. Meinecke & Co.	WARDROBES Stanley Supply Co.
RUBBER SHEETING Johnson & Johnson Henry L. Kaufmann & Co. Lewis Mfg. Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.	SPUTUM CUPS Aatell & Jones, Inc. Johnson & Johnson Meinecke & Co. Will Ross, Inc.	TEA Continental Coffee Co.	WASTE RECEPTACLES Solar-Sturges Mfg. Co.
SANITARY NAPKINS Griswoldville Mfg. Co. Johnson & Johnson Lewis Mfg. Co.	STEAM TABLE INSETS, CHINA Hall China Co.	TELEPHONE SYSTEMS Western Electric Co.	WATER STILLs American Sterilizer Co. Central Scientific Co.
SANITARY PAPER PRODUCTS Aatell & Jones, Inc.	STEAM TRAPS Monash-Younger Co. Powers Regulator Co.	TEMPERATURE REGULATION Johnson Service Co. Powers Regulator Co.	WATERPROOF SHEETING Am. Hosp. Supply Co. Johnson & Johnson Lewis Mfg. Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.
SCIENTIFIC APPARATUS Spencer Lens Co.	STERILIZER CONTROLS American Sterilizer Co. A. W. Diack Powers Regulator Co.	THERMOMETERS Am. Hosp. Supply Co., Inc. Becton, Dickinson Co. Central Scientific Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.	X-RAY APPARATUS Gen. Elec. X-Ray Corp. Meinecke & Co. Stanley Supply Co.
SCREENS, WINDOW Rolscreen Co.	STERILIZERS American Sterilizer Co. Central Scientific Co. Wilmot Castle Co.		X-RAY FILMS, SUPPLIES General Electric X-Ray Corp.

THE PYCNOMETER

Test for specific gravity or determination of the "proof" of the alcohol. This is more accurate than the alcoholometer commonly used. The pycnometer is being used on a balance scale which is accurate to a tenth of a milligram or $\frac{1}{4,530,000}$ of a pound.



A CHAIN IS NO STRONGER THAN ITS WEAKEST LINK

In your effort to maintain a uniform product you require uniform materials.

Now, of course, all alcohol is not alike—there are many kinds and grades—but a grade, known by a definite brand name, should be and can be uniform—if sufficient care is taken it can be held to certain standards.

Three facts about Rossville alcohol will bear emphasis.

1. Rossville distilling experience covers a period of 84 years, and at all stages of this history the Rossville

product has enjoyed the reputation for maximum quality just as it does today.

2. Rossville production facilities include ample capital resources, strategic plant and warehousing locations, ultra modern manufacturing equipment. They are more than adequate to meet every conceivable emergency and guarantee uninterrupted service.
3. Rossville alcohol of all grades is constantly tested, checked and double checked by a dozen tests to verify, maintain, and guarantee uniformity.

Rossville
THE SPIRIT OF THE NATION

ROSSVILLE COMMERCIAL ALCOHOL CORPORATION
Lawrenceburg, Indiana

Chanin Building, New York

A division of American Solvents and Chemical Corporation

Atlanta, Baltimore, Buffalo, Boston (Everett, Mass.), Chicago, Cincinnati, Cleveland, Detroit, Grand Rapids, Indianapolis, Kansas City, Mo., Louisville, Newark, New York, Philadelphia, Pittsburg, St. Louis, St. Paul, San Francisco

INDISPENSABLE *IN THE* HOSPITAL

Miller

SURGEONS' GLOVES are indispensable. And now, Miller Anode Surgeon's Gloves, which combine utmost sensitivity... complete freedom for fingers and thumbs, with absolute security against tearing, are such a tremendous improvement, that they, too, are indispensable.

For more than a year... Miller Anode Gloves have demonstrated their superiority in actual service! Greater safety... double strength... greater sensitivity... thinner gauge, practical because so tough... no shelf deterioration... more economical because useful after many sterilizations.

So superior, once used, Miller Anode Gloves are indispensable! If you are not familiar with Miller Anode Gloves, ask for a sample pair free. Miller Rubber Products Company (Inc.), Akron, Ohio.

A N O D E SURGEON'S GLOVES



OTHER MILLER HOSPITAL PRODUCTS:

ANODE TONSILLECTOMY BAGS... ICE CAPS... INVALID CUSHIONS
... WATER BOTTLES... ANODE PENROSE DRAINS... CATHETERS,
COLON, RECTAL AND STOMACH TUBES... RUBBER TUBING

A Most Efficient Germicide for Sterilizing Suture Tubes



ONE Kalmerid Germicidal Tablet dissolved in one liter of 70% alcohol provides a sterilizing solution in which suture tubes sink and remain submerged.

Kalmerid, the double iodine compound *potassium-mercuric-iodide*, is one of the most efficient germicides known. It is readily soluble, free from irritant action, comparatively low in toxicity, and forms no insoluble combinations with proteins. Its wide

applicability obviates the necessity of maintaining a number of different germicides.

▼ ▼ ▼

Each tablet contains 0.5 gram (7½ grains)
potassium-mercuric-iodide

Bottle of 100 tablets.....\$3.00
Less 25% on 10-bottle lots or more

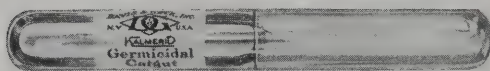
Samples will be furnished to Hospitals.
Descriptive literature sent upon request.

DAVIS & GECK, INC. ▼ 217 DUFFIELD ST. ▼ BROOKLYN, N. Y.

D & G Sutures ▾ DESCRIPTIVE PRICE LIST

Kalmerid Catgut

GERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide. Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

TWO VARIETIES

BOILABLE		NON-BOILABLE	
NO.		NO.	
1205	.....PLAIN CATGUT.....	1405	
1225	.....10-DAY CHROMIC.....	1425	
1245	.....20-DAY CHROMIC.....	1445	
1285	.....40-DAY CHROMIC.....	1485	

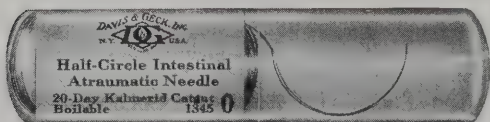
Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size.....\$3.00
Less 20% on gross or more or \$28.80, net, a gross

Atraumatic Sutures

FOR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.



NO.	INCHES IN TUBE	DOZEN
1341	..STRAIGHT NEEDLE.....28.....	\$3.00
1342	..TWO STRAIGHT NEEDLES...36.....	3.60
1343	..3/8-CIRCLE NEEDLE.....28.....	3.60
1345	..1/2-CIRCLE NEEDLE.....28.....	3.60

Less 20% discount on one gross or more

Sizes: 00..0..1

Packages of 12 tubes of one kind and size

Obstetrical Sutures

FOR immediate repair of perineal lacerations. A 28-inch suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.

No. 650. Package of 12 tubes.....\$3.60
Less 20% on gross or more or \$34.56, net, a gross

Kal-dermic Skin Sutures

"IDEAL FOR DERMA-CLOSURE"

A NON-CAPILLARY, heat sterilized suture of unusual flexibility and strength. It is uniform in size, non-irritating, and of distinctive blue color. Boilable.



NO.	INCHES IN TUBE	DOZEN
550	..WITHOUT NEEDLE.....60.....	\$3.00
852	..WITHOUT NEEDLE.....20.....	1.50
954	..WITH 1/2-CURVED NEEDLE...20.....	2.40

Sizes: 000 00 0
(FINE) (MEDIUM) (COARSE)

Packages of 12 tubes of one kind and size
Less 20% discount on one gross or more

Kal-dermic Tension Sutures

(Identical in all respects to Kal-dermic skin sutures but larger in size.)

NO.	INCHES IN TUBE	DOZEN
555	..WITHOUT NEEDLE.....60.....	\$3.00

Sizes: 1 2 3
(FINE) (MEDIUM) (COARSE)

Packages of 12 tubes of one kind and size
Less 20% discount on one gross or more

Kalmerid Kangaroo Tendons

CHROMICIZED to resist absorption for approximately thirty days.

NO.	
370	.....NON-BOILABLE GRADE
380	.....BOILABLE GRADE

Sizes: 0..2..4..6..8..16..24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

Package of 12 tubes of a size.....\$3.00
Less 20% on gross or more or \$28.80, net, a gross

Circumcision Sutures

A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.

No. 600. Package of 12 tubes.....\$3.00
Less 20% on gross or more or \$28.80, net, a gross

Other D & G Products

INFORMATION and prices covering unabsorbable sutures, short sutures for minor surgery, and emergency sutures with needles, will be sent upon request.

DAVIS & GECK, INC. ▾ 217 DUFFIELD ST. ▾ BROOKLYN, N.Y.

D & G Sutures are obtainable from responsible dealers everywhere; or direct, postpaid

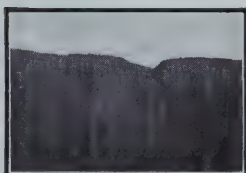
BARD-PARKER STERILIZING JAR

Ideal for use with BARD-PARKER GERMICIDE. Equipped with adjustable instrument holder, rubber mat and air-tight cover. Price, complete—\$4.75

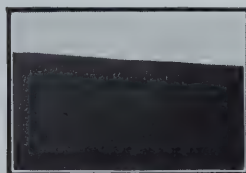


BARD-PARKER *Formaldehyde* GERMICIDE

Micro-photographs
of steel blade
magnified 400 diameters



Edge of blade after boiling
in water for 5 minutes



Edge of blade
before treatment



Edge of blade after 36 hours
in BARD-PARKER Formaldehyde
GERMICIDE

increases the life of your instruments

... preserves keen cutting edges

BARD-PARKER *Formaldehyde* GERMICIDE: (1) Does not rust or corrode scalpels, forceps, scissors, needles or other metal instruments. (2) Preserves the keen edges of Bard-Parker knives and the points of suture and hypodermic needles. (3) Does not rust the joints or ratchets of forceps. (4) Is non-injurious to rubber gloves and glass. (5) Dries rapidly without residue, after removal

of instruments, rinsing or wiping unnecessary. (6) Is clear, colorless and non-staining. (7) Destroys non-spore bearing pathogenic organisms in 10 seconds to 2 minutes. (8) Destroys the spore bearing organisms, c. tetani, b. anthracis and their spores within 1 hour.

PRICES: Pint bottles, \$1.00 each. Quart bottles, \$1.75 each. Gallon bottles, \$5.00 each. Orders for carton (4 gal.) lots 10% discount.

REPORTS OF BACTERIOLOGICAL TESTS SENT UPON REQUEST

Parker, White & Heyl, Inc.
369 Lexington Avenue, New York, N.Y.

AD-venturing

Tilted eyepieces increase a doctor's efficiency because they eliminate the distraction of tired and aching neck muscles caused by bending the head over upright eyepieces for extended periods of observation. That is one of the reasons why the Spencer No. 4MLH microscope has been placed in so many hospital laboratories. Page 85.

* * *

Hospitals everywhere have found that Continental coffee helps to keep patients and staff contented. It is so dependably fresh, delicious, wholesome and pure. Send for a trial order today. Page 79.

* * *

Kalmerid, the double iodine compound potassium-mercuric-iodide, is one of the most efficient germicides known. It is readily soluble, free from irritant action, comparatively low in toxicity, and forms no insoluble combinations with proteins. Insert, page 8.

* * *

Leading hospitals and institutions know there is no better way to build good will among patients and insure a steady patronage than by serving wholesome, delicious desserts. That is why the slight additional price they pay to insure Gumpert quality is money well spent. Fourth cover.

* * *

There are too many dull and grave rooms, too few gay and charming rooms in which you wish to linger. And so the Crest-Mont group of spreads has been prepared for the purpose of instilling warmth and comfort, hominess in private rooms. Pages 14-15.

* * *

Send today for an assortment of tested quantity recipes for new Jell-O desserts, salads, and variations. All are as easy to prepare as they are economical to serve. Page 67.

* * *

Thousands of users have learned the economy of doing all maintenance cleaning with Wyandotte detergent. They have found that they need no other cleaner, that it is always uniformly dependable, and that it cleans thoroughly without scratching or marring the surface. Page 13.

* * *

We know of instances where Vulcan heavy-duty gas ranges have cut fuel bills as much as \$400 per month. Proportional savings should be made by this new Junior line, for though

These pithy paragraphs of practical and pertinent information concerning supplies and equipment are typical of the kind of information manufacturers and sales organizations offer readers of "Hospital Management" in every issue. Experienced hospital executives make it a point to read advertising pages carefully, too, and to keep in touch with new ideas and improvements in equipment and supplies as well as in methods of hospital administration. Every issue contains information as interesting and helpful as the paragraphs on this page, chosen at random from this month's advertisements.

smaller in size, it embodies the efficiency and low operating and maintenance costs of the Vulcan heavy-duty line. Page 75.

* * *

Without Diack controls placed properly in your autoclave you have no way of knowing the extent of steam penetration—with them you have a positive record. The tablet melts only at sterilization temperature. Page 81.

* * *

Modernize! Rolscreens can be installed in old buildings as easily as in new constructions. They roll up and down—like a window shade. They're permanent—no putting up and taking down every year. Page 63.

* * *

The Johnson system is complete in every fundamental detail of control. It is thorough in principle, design, construction and operation. Johnson thermostats and Johnson humidostats are dependable and accurate—and of service permanence. Page 18.

* * *

Plaster room uncertainties—of personnel and product—are eliminated when you adopt Orthoplast bandages, now used by Bellevue Hospital, New York, and many other large institutions. Third cover.

* * *

Every feature of electric cookery brings economy, efficiency, better profits—builds good will. Look into the many features that electric cookery offers—that real modernization demands. Pages 70-71.

Surgeons' gloves are indispensable. And now, Miller Anode surgeon's gloves, which combine utmost sensitivity—complete freedom for fingers and thumbs, with absolute security against tearing, are such a tremendous improvement that they, too, are indispensable. Page 8.

* * *

Zapon wall lacquer is impervious to moisture and can be washed down frequently. Finger marks and blemishes rub off easily, and the lacquer film has a stamina that prevents chipping or blistering. Page 79.

* * *

Hall china has the wholesome, appetizing beauty that quickens lagging appetites, and dense heat-retaining walls that insure hot food and beverages remaining so. Toughness of body guarantees long life. Thorough vitrification and hard glaze mean easy cleaning and perfect sterilization. The combination meets every hospital requirement. Page 2.

* * *

No nurse will wrench her back—or disposition—or break her finger nails—turning this mattress. Two convenient handles to grip; 25 per cent lighter weight; one easy, effortless motion and over goes the new featherweight, spring-filled Rome Slumberon, the mattress luxurious. Page 65.

* * *

Student nurses prefer SnoWhite training school uniforms for their smart lines, modern style touches and youthful appearance. Hospital executives appreciate their fine fabrics, true tailoring...inherent SnoWhite qualities which do not come out in the wash. Page 83.

* * *

The ability of Ries-Lewis lights to operate for long periods without noticeable heat, and the ease with which they may be instantly adjusted to all operative conditions, make them especially appreciated by surgeons. Hospital executives value their remarkable durability, their safety, and the ease and speed with which they may be thoroughly cleaned. Page 11.

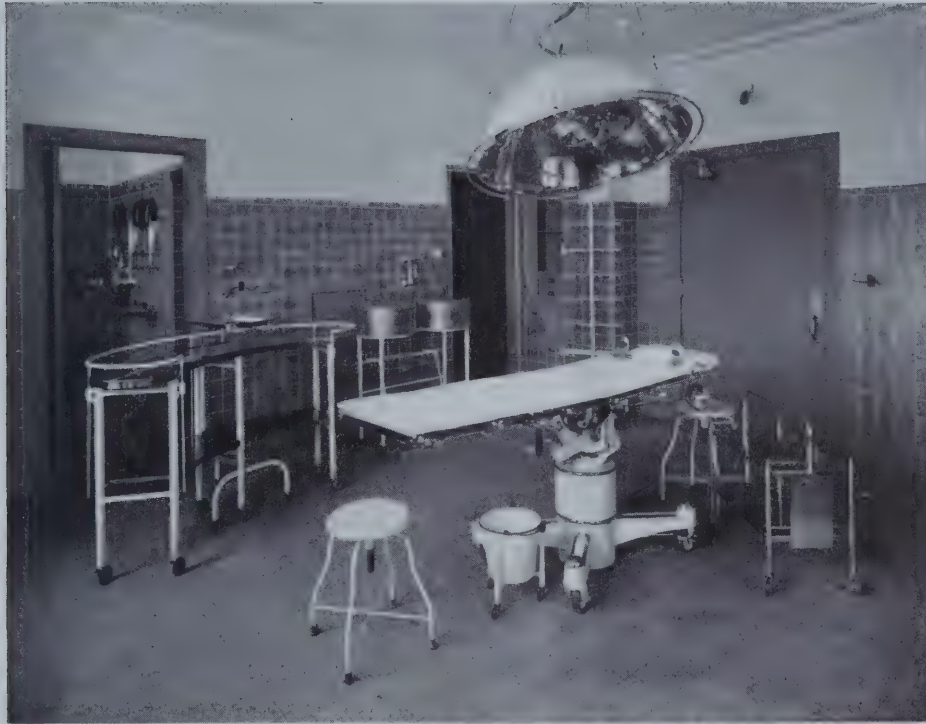
* * *

There's a smartness to Dix-Make uniforms it takes experts to achieve. See how flattering they are; only perfect tailoring can give such marvelous fit. And the styles are charming as any chic frock.

* * *

Rossville alcohol of all grades is constantly tested, checked and double checked by a dozen tests to verify, maintain and guarantee uniformity. Page 7.

Norton Infirmary Operating Rooms -



One of the major operating rooms in John N. Norton Memorial Infirmary, Louisville, Ky. Ries-Lewis operating light, Palmer Operating Table, and other furniture installed by The Max Wocher & Son Company.

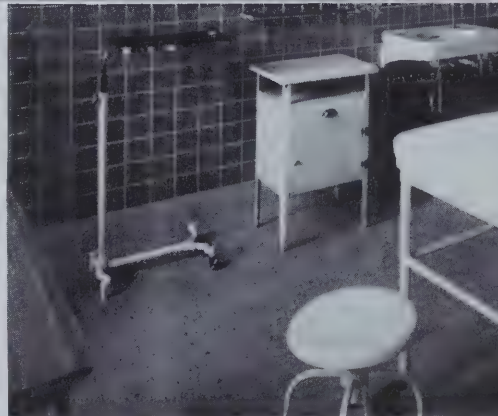
Delivery room. De Lee Obstetrical Bed, Wocher operating room ceiling fixture and complete Wocher equipment.



Norton Infirmary standardized on Ries-Lewis operating fixtures after comparative tests demonstrated their ability to satisfy every demand of the most exacting surgical service. Totally free from any shadow, they focus a spot of clear, glareless light upon the operative field and into the cavity.

The ability of Ries-Lewis lights to operate for long periods without noticeable heat, and the ease with which they may be instantly adjusted to all operative conditions makes them especially appreciated by surgeons.

Hospital executives value their remarkable durability, their safety, and the ease and speed with which they may be thoroughly cleaned.



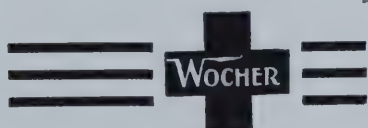
WOCHER Equipped Throughout

ON every article of equipment in the operating and delivery rooms of Louisville's new Norton Memorial Infirmary building you will find the Wocher stamp. From the Ries-Lewis operating lights and the Wocher operating room ceiling fixtures to the stools and basins, Wocher quality guarantees efficient, satisfying, life-long service.

It was selected for Norton Memorial Infirmary only after careful investigation had proven its superiority to hospital authorities and architect.

Built to rigid standards of quality and service, Wocher operating room equipment leaves nothing to be desired in durable construction, scientific design and easy and efficient operation.

In the complete line of Wocher hospital equipment you will find perfect adaptability to every hospital need—not only in surgical equipment, but throughout the institution.



THE MAX WOCHER & SON CO

Surgical Instruments—Hospital Furniture

29-31 W. 6th St.

Cincinnati, Ohio



Training Executives—National Hospital Day—Giving Better Service to Staff Members—Most Interesting Articles

THE article on training of executives interests me more perhaps than any other in the last number of HOSPITAL MANAGEMENT because there does not seem to be a practical answer to the question which has been before the American Hospital Association repeatedly and over a long period of years.

Perhaps the first thing we need now is a curriculum which comprehends the scope of the duties of the hospital administrator. Time and experience will be required to determine whether any course of study which may be offered is adequate both as to content and time required to complete it. A young man who is inclined to prepare himself to practice medicine will almost certainly inform himself about the course of study which he will be required to take. It is not otherwise I think in other fields. A young man who is contemplating the career of a hospital administrator and who is willing to give some time to the theory before he attempts to do the practical work will most surely seek light on the question of the preparation which he must make.—C. S. WOODS, M. D.

■
“WHAT was the most interesting article, as far as you are concerned personally, in the April 15th issue?”

What a question! What page of the Bible, could you eliminate? Every article was worth while. First, “Training of Hospital Executives.” Your first sentence intrigued me. Few members of A. H. A. who attended the 1910 convention are active today. Just 22 short years—and so few left! What a short time to endeavor to complete and solve our many projects and problems! Yet had we been privileged to hear two “old timers” each year deliver a 20- or 30-minute

talk on training of hospital executives what a wealth of information we would have today. Possibly it could be arranged to have one or two such talks for the next ten consecutive years!

Second, naturally being interested in National Hospital Day since its birth, that article was of interest.

Every word of the suggested “news copy” was read.

Every important event in the life of this (our new) hospital was inaugurated Hospital Day. May it continue to be so. Our new hospital building cornerstone was laid May 12, 1929. In 1930 our Dreyfus Nurses' Home cornerstone was laid. In 1931, on that day, it was announced ground for another building had been given, and we also began our National Hospital Day Free Health Examinations for children of pre-school age, with our entire medical attending staff assisting. It was worth while and aroused considerable interest. In 1932 we will do the same, (but more efficiently); also we will on May 12, 1932, lay the cornerstone of our Rosalie B. Raymond Home for Nurses, as well as dedicate the first hospital community rose garden (a thing of beauty) in America, and possibly the first in the world. The rose garden was sponsored by a prominent and influential women's club.

Third, the announcement of a series of articles on collections. What a joy they will be to read and pass on to others in our organization.—JOHN H. OLSEN.



I BELIEVE I enjoyed the central supply article as much as any because I was interested in the problem of efficient service to the doctor at all times. It seemed to me this would be one way of having a continuous, accurate inspection of all equipment. The special articles on “Actual Operations and Costs” are always interesting when they are practical and give definite data of things which have been tried out. There is so much academic, theoretical writing and it consumes so much time and after the reader has finished the article he is still left in doubt concerning the practicability of the procedure.

I like condensed and concise paragraphs and for this reason I enjoy the Round Table very much.—CLARENCE H. BAUM.

■
THE April HOSPITAL MANAGEMENT contained so many articles of great importance, I must mention more than the National Hospital Day material given by E. L. Place, although my time has been given over entirely to the observance on May 12 this year. I have had such a flood of letters regarding National Hospital Day and I am still trying to wade through them.

The study of hospital charges of 300 patients in three cities, Chicago, Memphis and Tacoma, has revealed valuable information to us, and I hope to learn about these charges in still other sections of the country. Mr. Lattner's article regarding full time pathologist and roentgenologist is of special interest, and here again we have an opportunity to compare hospital costs.

From time to time doctors expect additions to be made to the free list of drugs for our hospitals, therefore I feel that Mr. Baum has started a question of much importance.—C. J. CUMMINGS.

Maintenance Cleaning Economy

In maintenance cleaning, good economy dictates that the following factors be given primary consideration:

1. *Does your cleaning material give you sanitary cleanliness?*
2. *Is it uniform—giving you the same results always?*
3. *Does it clean safely?*

Thousands of users have learned the economy of doing all maintenance cleaning with Wyandotte Detergent. They have found that they need no other cleaner, that it is always uniformly dependable, and that it cleans thoroughly without scratching or marring the surface.

Wyandotte Detergent does all four kinds of maintenance cleaning. It cleans marble, tile, and enamel surfaces thoroughly. It washes paint safely,—without scratching or dulling the finish. Used as a poultice it renews the beauty of stained and discolored marble. Floors mopped with Wyandotte Detergent are clean and safe underfoot.



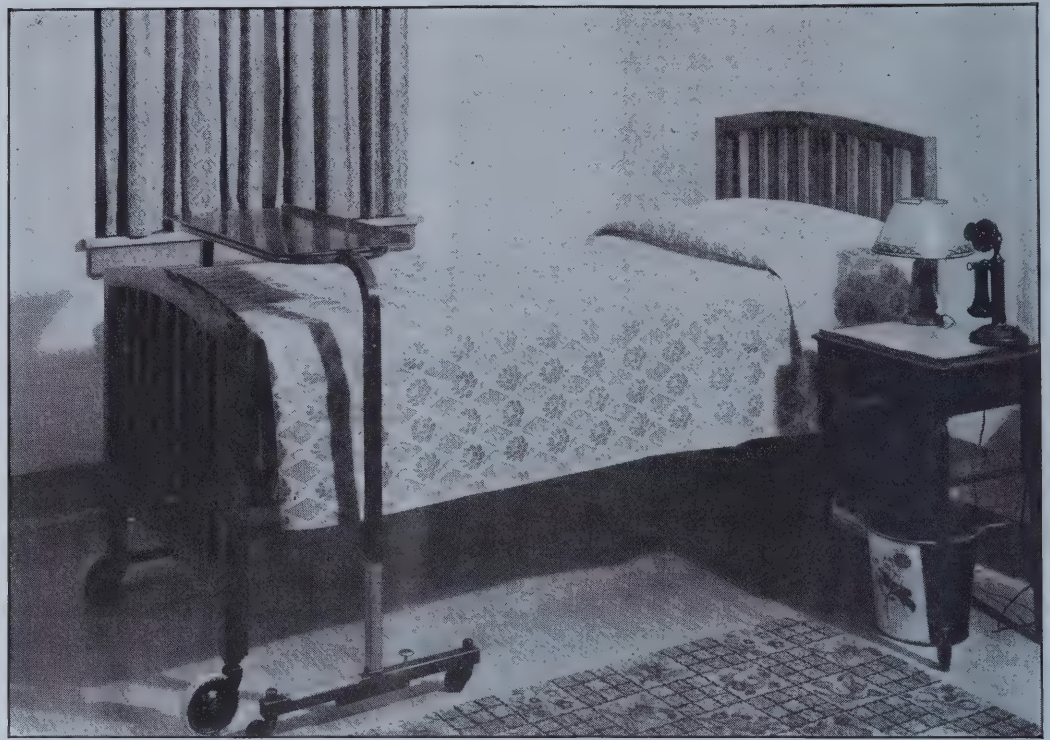
***Write for our free booklet
on maintenance cleaning.***

Ask Your Supply Man for

Wyandotte
Detergent

The J. B. Ford Company

Wyandotte, Michigan

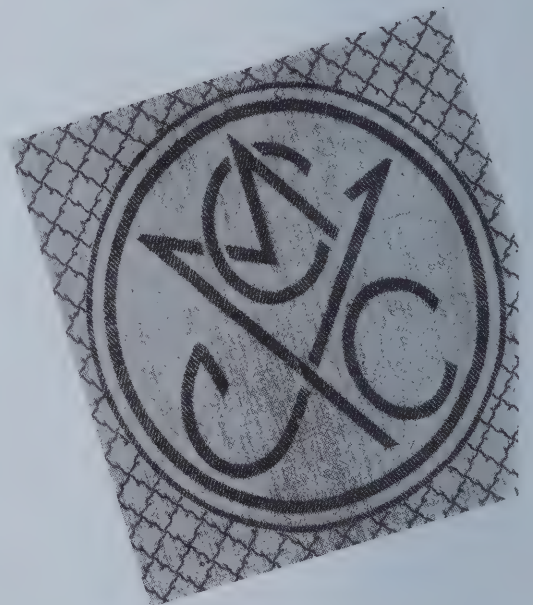


Facilities combined

Since 1849 the name, "MONUMENT MILLS", has stood for leadership in bed spread and coverlet manufacture.

Generations of constantly increasing knowledge and craftsmanship, steady enlargement and improvement of plant and equipment, and unrivaled experience with sources of raw material supply have insured most desirable of construction and design details combined with greatest economy.

MONUMENT MILLS spreads are noted for their wearing and draping superiorities, their absolutely fast colors, their resistance to laundering. They are the almost invariable choice when careful tests are made by the Nation's foremost hotels, hospitals and other institutions. The "Dimity" spread, a favorite with hospitals, and illustrated above, is standard with the United States Government.



Since 1849
Monument Mills
 HOUSATONIC -- MASSACHUSETTS
BED SPREADS  **COVERLETS**



Bed Spreads for Hospitals

MANUFACTURED *by* MONUMENT MILLS
DISTRIBUTED *by* MARVIN-NEITZEL

for your benefit



There are too many dull and grave rooms, too few gay and charming rooms in which you wish to linger. And so the Crest-Mont Group of spreads has been prepared for the purpose of instilling warmth and comfort, hominess in private rooms.

Crest-Mont spreads include beautiful tones of Blue, Rose, Pink, Maize, Green, Lavender and Tan, in stripes, floral and lacy geometric patterns—to change a drab, colorless room to one of warmth, or to harmonize nicely with any present color scheme.

And you will be pleasantly surprised at their economy.

Executives of modern and progressive hospitals will desire to see these newest things in spreads. We have placed portfolios in the hands of our sales representatives, who can very quickly show the variety of designs, constructions and colors available, and will gladly do so without the least obligation upon your part.



MARVIN-NEITZEL CORPORATION
TROY, NEW YORK

To see samples, simply fill in your name, institution and address in the margin and mail to us.

Don't Overlook Benefits of Modernizing

AN article in this issue suggests some of the benefits which many hospitals may derive from modernizing an old building or a floor or department. Some hospitals which may not now be in a position to erect a new plant can gain important advantages and operating savings from modernizing. The following leaflets and booklets include a number with helpful information for those who don't want to overlook the benefits of even a small modernization program. Copies of these leaflets are free. Ask for them by number.

Anaesthetics

No. 344. "Puritan Gas News," a publication of interest to all connected with anesthesia, gases, oxygen therapy, etc. Published by Puritan Compressed Gas Corporation. Contains many helpful hints for the anesthetist and others. 532

No. 290. "Suggested precautions in the use of ether, ethylene and other anesthetics." Puritan Compressed Gas Corp. c30.

No. 321. "A Few Suggestions on the Proper Operation of Gas Cylinder Valves and Pressure Reducing Regulators," an informative booklet dealing with the proper handling of compressed gases. Also, "Meeting Every Test." The Puritan Compressed Gas Corp.

No. 347. "Recent Trends in Oxygen Therapy," a valuable brochure on the subject of oxygen as a therapeutic agent. Well prepared and published by Linde Air Products Company. 532

Cleaning Preparations, Soaps, Etc.

No. 326. "The story of soap," an intensely interesting booklet telling in story and pictures of the making of soap and soap products. Unusually well illustrated. The Procter & Gamble Co.

Beds, Mattresses

No. 345. "The Story of Slumberon, the Mattress Luxurious." An interesting and attractive folder describing the construction of Slumberon mattresses, and explaining its unusual features. The Rome Co., Inc. 532

Cubicle Equipment

No. 337. "Privacy in the Modern Hospital" is the title of a valuable booklet on cubicle screening published by H. L. Judd Co. After outlining the problems involved in securing privacy for ward patients, the booklet works out concrete solutions for many problems. c32

Disinfectants

No. 342. A table showing the amount of Lysol disinfectant and water necessary to make solutions of various strength, together with a description of the correct solutions to use for various purposes in the hospital. Also a dilution chart for use in the laundry. Lehn & Fink, Inc. 532

Flooring

No. 334. "Resilient Floors," an interesting photograph album showing Sealex floors designed and laid in recent years. Also contains a description of the many types of Sealex floors. Congoleum-Nairn, Inc. 232

General Equipment, Furnishings and Supplies

No. 327. Booklet describing professional uniforms for nurses and others, published by Henry A. Dix & Sons Corp. b0

No. 284. "Modern Ideas About Towels." Cannon Mills, Inc. b0

No. 261. "Nurses' Apparel and Hospital Supplies," a 32-page catalog. Marvin-Neitzel Corp.

No. 341. "SnoWhite Tailored Uniforms," and "SnoWhite Tailored Uniforms for Student Nurses," two

booklets describing the complete uniform line of Sno-White Garment Manufacturing Company. Each style is well illustrated and completely described. 532

No. 323. "Standard ready dressings and supplies for hospitals," a folder showing the styles, types and sizes of ready made products. Johnson & Johnson.

No. 328. "Curity Ready Made Dressings Manual," an interesting manual showing the complete line of ready made dressings, with descriptions of uses and other informative material. Lewis Mfg. Co. L31.

No. 329. The 1932 catalog of Will Ross, Inc. Attractively printed, well arranged catalog of the complete line of hospital equipment and supplies. L31.

No. 333. Numerous interesting booklets and pamphlets describing the therapeutic effects, the method of manufacture, and medical history behind many "Roche" drug products. Hoffmann-La Roche, Inc. 232

No. 343. "Tally Chart Holders," a folder describing the various features of Tally chart and record-holders and other items in this line. Tally Chart & Bed-card Holder Company. 532

No. 335. "Rolscreen Topics," a monthly house organ containing much useful information on the installation and practical value of Rolscreens. The Rolscreen Company.

No. 336. "Cotton, Gauze and Adhesive Plaster—Their Manufacture and Application in Surgery," an exceptional booklet of 96 pages containing much interesting material on these subjects for hospital executives, staff members, nursing students, etc. Published by Johnson & Johnson. c32

No. 339. "Kalmerid Germicidal Tablets," a pocket-size leaflet describing the composition, efficiency and uses of this new product. Davis & Geck, Inc. 432

No. 340. A complete series of pamphlets, many of which, such as "The Mystery of Sleep," "Why the Cat Unit?" and "When Chemists Turned from Gold to Drugs," are especially useful in teaching materia medica to student nurses. Available in any quantity. Hoffman-La Roche, Inc. 432

Hypodermic Needles and Syringes

No. 314. "How to Obtain Maximum Service from Hypodermic Needles and Syringes," an interesting, pocket size manual on the selection of needles and syringes for each kind of service. Also contains practical information on how to sterilize, clean, and care for these instruments. Becton-Dickinson Company.

No. 332. Bulletin No. 260, describing the Powers thermostatic radiator valve, a self-operating regulator designed for vacuum or vapor steam heating systems. The Powers Regulator Co. 132

Kitchen and Food Service Equipment

No. 331. "Good Coffee," a monthly publication of interest to all quantity users of coffee. Published in newspaper style and containing many hints valuable in the preparation of coffee. Continental Coffee Co., Inc. 132

No. 300. "The Perfect Tray," by Helen E. Gilson, Onandaga Pottery Co. d0

No. 276. Modern Kitchens. A 70-page booklet. International Nickel Company. C30

No. 252. "Scientific Hospital Meal Distribution." Swartzbaugh Mfg. Co., Toledo, O.

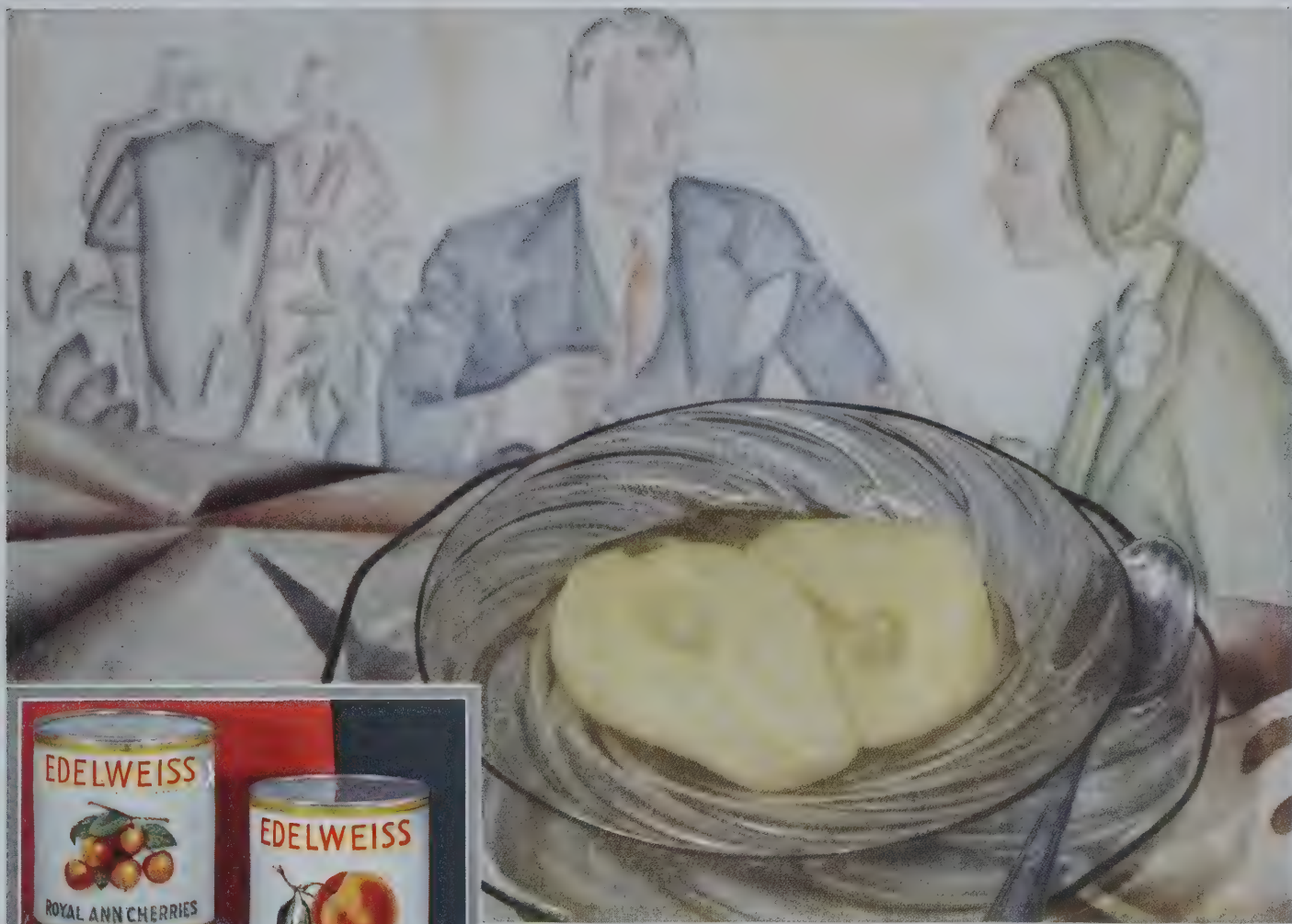
Laundry Equipment and Supplies

No. 277. Laundry Owners' Year Book. International Nickel Company, Inc. C30

Sutures and Ligatures

No. 338. "The Bacteriological Control of D. & G. Sutures," an interesting pocket-size folder describing the various manufacturing processes of sutures. Davis & Geck, Inc. 432

(Continued on page 90)



Aristocrats of the Table

DISCRIMINATING patrons perceive at once the *difference* in Edelweiss fruits. And logically so . . . for the greatest discrimination is exercised in their selection, grading and packing. Perfect in taste . . . well bred . . . attractive in appearance . . . they have the air of "belonging" on the finest institutional table. Each fruit is sun ripened . . . each can packed chock full with a uniform number of servings.

"SEXTON'S MONTHLY SPECIALS"

brings regularly to the institutional market information on prices. It is replete with unusual values, special offers, timely suggestions. If you are not regularly receiving it, write for the current copy.

The distribution facilities of John Sexton & Company match its nation-wide search for the best foods. From warehouses in twenty-one cities, quick delivery can be made to all parts of the country. From its headquarters plant, in Chicago, John Sexton & Company renders a most intensive delivery service . . . locally through a fleet of fifty trucks . . . to distant points by means of tunnel connections with all railroads. Goods are on their way within twenty-four hours after the order arrives.

Unusual Values in Sexton's Great Spring Sale during May

JOHN SEXTON & COMPANY

ESTABLISHED 1883

Manufacturing Wholesale Grocers

CHICAGO

Importers and Roasters of Coffee

Distributing Centers for delivery of Contract Sales of canned foods—prices available now for 1932 Pack

BALTIMORE, MD.
BOSTON, MASS.
BUFFALO, N.Y.

CINCINNATI, OHIO.
CLEVELAND, OHIO.
DENVER, COLO.

DETROIT, MICH.
HOUSTON, TEX.
KANSAS CITY, MO.

MINNEAPOLIS, MINN.
NEW ORLEANS, LA.
NEW YORK, N.Y.

OMAHA, NEBR.
OAKLAND, CALIF.
PHILADELPHIA, PA.

PITTSBURGH, PA.
ST. LOUIS, MO.
SAVANNAH, GA.

For a limited time only this \$15 book

\$7⁵⁰

New Third Edition

Revised and Enlarged

The American Hospital of the Twentieth Century

By **EDWARD F. STEVENS, Architect**

Fellow of American Institute of Architects—Member of American Hospital Association

A complete, up-to-date and valuable book on Hospital Planning and Equipment. The Author has himself planned more than 150 hospitals and institutions.

Originally published in 1918, the first edition was sold out in a little over two years. The revised edition was printed in 1921 and this second edition has been entirely exhausted. The third edition represents an entire rewriting of all subjects and an increase from 224 pages in the first edition and 380 in the second edition to 550 in this new edition, with 660 illustrations of plans, details and photographs.

"The American Hospital of the Twen-

tieth Century" presents in a concrete form a vast fund of correlated facts, dealing with a number of Hospitals of international fame.

Mr. Edward F. Stevens, of Boston, is known in Europe and America as an authority on Hospital construction and equipment. He has approached his subject from a practical standpoint, selecting with discrimination and discussing in full detail.

This new edition has been entirely rewritten and much new material has been added. It discusses many departments, including the Kitchen and Laundry, devotes special chapters to Heating, Ventilation and Plumbing—Details of Construction and Finish Equipment—Landscape Architecture as applied to Hospitals, etc., etc.

550 pages—with 660 illustrations and floor plans

Price \$7⁵⁰ Net

-----USE THIS COUPON-----

HOSPITAL MANAGEMENT, 537 S. Dearborn St., Chicago, Ill.

Send me copies of the new edition of The American Hospital of the Twentieth Century, at the special price of \$7.50 per copy. Payment is enclosed.

Name

Street Address.....

City and State.....

A Page of Letters to the Editor

IMPOSTOR CAPTURED

Editor HOSPITAL MANAGEMENT: I will have to confess that I read an article published in HOSPITAL MANAGEMENT where Mr. Jolly had been swindled at Houston.

We gave our distinguished visitor a very royal reception. In fact, I gave him about two hours of my time. He immediately presented us with a check for \$2,259, which he claimed had been left by his mother-in-law to this institution. Our visitor asked me to call a taxi, which I did, then he asked me if I would cash a small check for him. I excused myself, told him that I would see the cashier, who has an office right across the hall. I meditated a few minutes in the cashier's office and decided the best thing to do would be to tell him that we did not have any currency, as we had just sent our deposit to the bank and only had our checks received during the morning. He told me that was perfectly all right, and that I should visit him when traveling through Marshall, Tex. The minute he left my office I called Dr. J. C. Carter on long distance; Dr. Carter answered the telephone and said he felt quite complimented that the gentleman would write a check on him for such an amount. I immediately notified our chief of police, turning over to them our check. They found where he had checked out of two hotels and had applied at a bus station as to transportation to Wichita Falls, Texas. They immediately notified the authorities at Wichita Falls, and he was apprehended there.

I have received a kind letter from the impostor thanking me for the kindness and courtesy shown him in this institution, and admitted that he had done us wrong, and that he would appreciate my sending him some Target smoking tobacco while he was in the city jail. I am confident, had I not read your article, I would have cashed the check without question.

E. M. COLLIER,
Superintendent, West Texas Baptist Sanitarium, Abilene, Tex.

THEY'RE ESSENTIAL!

Editor HOSPITAL MANAGEMENT: Because of the absurdity of the article, the writer was interested in reading the editorial entitled, "Are Hospital Superintendents Luxuries or Necessities?" which is about as logical as to say, should a freight train have an engine?

It does not seem reasonable to believe that there is a board of trustees with no more mentality than to presume that a hospital could run without a head. No member of the board could serve efficiently as head of the hospital without giving from ten to twelve hours per day of his time, and certainly he could not be asked to do this without some remuneration, and any remuneration worth considering would have to be as much, or more, as it would take to secure a reliable and efficient superintendent, and certainly no member of the board who has had interests in other fields could think of stepping in and managing the hospital as efficiently as one who has been schooled in hospital management.

Articles like the one in your magazine lead to explain the terrible predicament that many of the hospitals are in. No

"Hospital Management" wishes to thank those superintendents of small hospitals who so kindly sent information to a reader whose letter asking about personnel in a 50-bed hospital appeared on this page recently. We hope that others will follow this example and feel free to correspond with writers of letters, especially those making requests, as well as to write to the editor. A cordial invitation to comment on any article appearing in any issue of "Hospital Management" is extended to all readers.

wonder hospitals are having to close all over the country if they have board members who have no more common sense than to think it is economy to run an institution without a head. Hospitals in general have been the most mismanaged institutions to be found anywhere and I am beginning to believe, almost without an exception, that it is the fault of the board of trustees. Most boards of trustees are more a grievance committee rather than an efficient board of trustees acting in advisory capacity as they should.

If your magazine, fine as it is, can serve no other purpose than to ask such questions, naturally it would be better not to be published at all.

You might be interested in knowing that Baylor University Hospital has been more than normally full during 1930 and 1931 up to now in 1932 and is enjoying some of the best years in the history of the institution.

BRYCE L. TWITTY,
Baylor University Hospital, Dallas, Tex.

WANTS TO PROGRESS

Editor HOSPITAL MANAGEMENT: I wish to inquire what course is available in hospital management.

I have had a fair schooling, going part way through high school, and have also taken business subjects at a commercial school.

I have been at this over a year and have worked in various departments.

I am interested in hospital work and desire very much to go further in this work.

Kindly advise if my schooling and hospital experience will enable me to accomplish my purpose, and what course is offered.

Also, please advise if there is any way one can work one's way through to secure this education.

READER.

ATTENTION, 50-BED HOSPITALS

Editor HOSPITAL MANAGEMENT: Kindly tell me where I could get a list of the number of employees and salaries paid and number of patients admitted each year in other fifty-bed hospitals?

It would be very helpful to me if you would also tell me where I can procure a list of operating incomes and expenses for such hospitals.

I am very anxious to make a comparison with our hospital.

IRENE E. OLIVER, R. N.,
Superintendent, Weymouth Hospital,
South Weymouth, Mass.

IT'S REVISED

Editor HOSPITAL MANAGEMENT: I hope you will pardon the second attempt to get you to revise the "How's Business?" chart, which attracts so much attention each month.

Herewith you will find a pencil sketch showing the line both on the present adjusted basis and on the 100 per cent basis. I think you will agree that either one of these lines gives a much more graphic picture than does the chart as you now have it.

I like the line on the 100 per cent basis, but that is a matter of preference. This is because it shows the actual average occupancy rather than on a 100 per cent basis, which is theoretical and arbitrary.

Incidentally, under the plan of the present chart what would you do if the 1932 line should parallel the 100 per cent base line for a month or two? The answer to that question is a strong argument for the continuous line, as shown by the pencil sketch herewith.

You could easily condense the chart to the width of your page—or even two columns as you now have it—and show the entire story at a glance. That you are not now doing.

R. N. BROUGH,
Superintendent, Homeopathic Hospital of
Essex County, East Orange, N. J.

HE PAID NINE DOLLARS

[NOTE: George D. Sheats, superintendent, Baptist Hospital, Memphis, Tenn., sends this letter as an indication of the kind of mail he sometimes receives and he challenges any other superintendent to produce an equal. Incidentally, the way in which the letters are formed can be judged by the spelling.]

Babtis Mem. Hospital,

Memfis Tenn.

Gentlemen

I got yo bill for \$9 mo money on my womans bode. We left the figurin all to that little gal tha in the offis and sure sorry we left there in arears.

I enclose the money.

We have had a awful hard time this year both farmin and trappin. The bole weavil got all my cotton, my cawn all rotted from rain whilst we wuz in the hospital. Trappin is mighty sorry as varmint is powerful scarce. I have fetched only a few coons an no minks at all.

My folks is bin sick all the year, my chillun is all barefooted. We lost our possim dog, we aint got a meal's vittles ahead nor a drop of liker on the place.

I ketched a big coon last nite an I sold the skin today so send you the \$9.

Thanking you for bein so good to my woman whilst thar.

Yours truly,

Logically

THE JOHNSON SYSTEM IS THE ONE CORRECT HEAT AND HUMIDITY CONTROL

The Johnson System is complete in every fundamental detail of control. It is thorough in principle, design, construction and operation. Johnson Thermostats and Johnson Humidostats are dependable and accurate. . . and of service permanence. And the Johnson System applies to every form, system and plan of heating and ventilating . . . installed to the individual specifications of the building's requirements. Being the thoroughly complete and totally dependable system of heat and humidity control, Johnson is logically the one correct heat and humidity control.

JOHNSON SERVICE COMPANY

Since 1885

Main Office and Factory . . Milwaukee, Wis.



Mary Immaculate Hospital,
Jamaica, New York
Wm. J. Boegel, Architect,
New York

is completely equipped with The Johnson System of Heat and Humidity Control. A significant factor in the selection of Johnson Control is that "the committee made an unusually extensive study, visiting practically every new hospital of importance in the country . . . 100 hospitals had been visited and thousands of opinions had been collated", when planning this hospital. Hot water heating is used, and all of the individual rooms and wards contain Johnson Thermostats, automatically controlling the valves on each radiator. The ventilation system and hot water tanks are Johnson Controlled.

JOHNSON HEAT AND HUMIDITY CONTROL

Albany
Atlanta
Baltimore
Boston
Buffalo
Chicago

Cincinnati
Cleveland
Dallas
Denver
Des Moines
Detroit

Greensboro, N.C.
Indianapolis
Kansas City
Los Angeles
Minneapolis
New York

Philadelphia
Pittsburgh
Portland
St. Louis
Salt Lake City
San Francisco

Seattle
Calgary, Alta.
Montreal, Que.
Winnipeg, Man.
Toronto, Ont.
Vancouver, B. C.

30 Johnson Branches Insure Convenient, Quick Service Anywhere, Any Time. Each Johnson Installation Made By Johnson Mechanics Only. Every Johnson Installation Given Annual Inspection.

The All-Metal System, The All-Perfect Graduated Control Of Valves And Damper. The Dual Thermostat (Two Temperature) Or (Night And Day) Control, Fuel Saving 25 to 40 per cent.

HOSPITAL MANAGEMENT

A Practical Journal of Administration



“Mr. Jones, How Do You Plan to Pay for Your Hospital Care?”

Definite Understanding With Patient at Time of Admission
Is Big Factor in Determining What Kind of a Collection
Record the Hospital Will Make, Says This Writer

By JOHN E. LANDER

Financial Secretary, Wesley Hospital, Wichita, Kan.

STRANGE to say, there are those who think that because an institution is operated by a church or benevolent association, business methods should not be employed, but that the individual debtor should be permitted to pay a hospital bill, for instance, as he pays a pledge to his local church; “in my own sweet time,” “when I get ready,” “as soon as possible.” With this class of people it appears that every other kind of obligation is of more importance and should be paid ahead of a hospital bill.

For this situation the hospital has only itself to blame, for it has failed to impress debtors with the fact that a hospital debt is as important as any other—in fact, more important—and should be paid on an equality with other obligations, and in many instances should really precede the ordinary run of debts, as automobiles, radio, picture shows, chewing gum, cosmetics, cigarettes and gasoline. This is true because the hospital mends and heals bodies, saves lives and puts people back on their feet so that they are again able to produce and care for their loved ones. A man who can and doesn't pay his hospital bill needs to learn and live by the Golden Rule.

Years ago the motive in establishing church and benevolent association hospitals was that the poor might be better cared for. It was a

Here is the first of a series of five articles on hospital collection methods, written by a man who has given special study to this activity and who has had personal experience in interviewing patients, arranging for payment of bills and in carrying out various steps that lead to complete payment, including handling of notes and institution of suits. No matter how good your own collection methods are, or how high your percentage of bills collected, you will find these articles interesting and helpful.

free service rendered to those whose homes would not admit of their being cared for there.

The “free service” angle of the church hospital was perhaps unduly emphasized and advantage taken of it until it became apparent that the church or association could not carry the burden created by such service because all free service must be paid for by somebody and all the hospital had to operate on was the gifts of the people, and these were not always sufficient.

Gradually the hospital service was extended to “pay patients” until today there are few sick people cared

for in their homes. The charter of one present day hospital says, for instance:

(1) To establish, equip, operate and maintain a benevolent and charitable institution for ministering to the indigent, the sick and the injured.

(2) This institution (church hospital) shall be authorized to require and receive from all patients who are able to pay, such compensation as may be necessary to meet the expenses of nursing care, board and medical supplies furnished by the institution.

The great difficulty with some folk from the lower strata of society and even a few from the so-called upper crusts of society is that they have committed to memory the above section one, but have closed both eyes and ears on section two.

The hospital's task, therefore, is to hold section two before these certain classes of people until they sense its meaning, acknowledge its fairness and adopt it as a policy. This will require years of kind, courteous, painstaking effort, but should be “gotten across” sweetly, firmly, persistently.

So the hospital, while a benevolent institution, was authorized to collect enough from “pay patients” to meet the operating expense. As a rule, however, the hospital accepts all so-called hospital cases (not venereal, mental or contagious) and must collect from those able to pay and provide some other means to care for

ADMISSION BLANK

WESLEY HOSPITAL

ROOM

NAME		RELIGION---DESIGNATE WICHITA CHURCH				AGE	
ADDRESS				TELEPHONE			
OCCUPATION		M	S	W	D	D. P.	RATE
ADMITTED		19	AM	PM			CASE NO.
DOCTOR		ACC. INS.		COMP. INS.		AUTO ACC.	
PAYER		OCCUPATION		R. TEL.		AGE	
ADDRESS		PAYER'S REL. TO PATIENT					
EMPLOYER		BUS. ADD.				B. TEL.	
PAY WEEKLY?		PAY ALL BY DISMISSAL?		GIVEN CREDIT SLIP?		PREVIOUS HOS. EXPERIENCE?	
ADM. BY							

IN CONSIDERATION that THE WESLEY HOSPITAL admits and cares for the above named patient, I, or we, agree to pay THE WESLEY HOSPITAL, at their office in Wichita, Kansas, for bed service at the regular rates and also for any extra services that may be arranged for by the attending physician.

FURTHERMORE, if the total account is not paid before dismissal, I, or we, hereby agree to arrange terms satisfactory to the Credit Department of THE WESLEY HOSPITAL, when the patient is dismissed.

DATE _____ NAME _____ ADDRESS _____

WITNESS _____ NAME _____ ADDRESS _____

"The admission blank is exceedingly important, and when properly filled in one can tell almost to a certainty what may be expected concerning payment. The admission blank shown here contains all necessary information."

the accounts of those who have not the financial ability to pay.

The church for many years has reached out to help and care for the poor, and as the burden of this Christ-like service became greater than the church could carry, state legislation has been enacted placing responsibility for the poor upon the state, county, city or some other unit of government.

In Kansas, the state law places responsibility for the poor on the commissioners of each county for both residents and needy transients. The commissioners must either pay hospitals for caring for the poor or build hospitals of their own. Where hospitals care for county patients, they seldom, if ever, are paid regular rates nor are they, as a rule, paid the average cost per day. The hospital usually makes a contract with the county commissioners for a flat rate per day which will be paid monthly by the county commissioners. As to what that rate shall be depends entirely upon the ability of the hospital authorities to make a contract with the commissioners that is fair and just.

Most county commissioners manifest a sometimes provoking desire to "compel" the hospital to take their patients at an unreasonable figure; say, a flat rate of \$1, \$1.50 or \$2 per

day. The county commissioners urge this because the church hospital pays no regular taxes and should, therefore, in their judgment, accept county patients at a loss to offset the saving of the hospital by not being on the tax roll. Of course, if hospitals had to pay regular taxes, hospital rates would have to be raised, so, in the end, the taxes would be paid by the patients. Two things should be taken into consideration here; first, that the hospital must have revenue sufficient to meet expenses; second, that the county commissioners should recognize their responsibility and be willing to pay a reasonable fee. In the writer's judgment, the rate should not be less than \$3 per day. Every hospital expects to lose money on county cases, but must be careful and not permit a group of county commissioners to

bulldoze it into a loss greater than it can stand. The average cost per day, per patient, in a hospital is around \$4.50, as a minimum, and this fact should be indelibly impressed upon any group of county commissioners who become obstreperous and overbearing.

So, the hospital that has in the past, as we all have, over-emphasized the free service angle and have been imposed upon times without number, finds itself accepting all hospital cases that come to the doors and it doesn't take much common sense to see and understand that strict, businesslike policies must be adopted and enforced if the hospital is to continue. The welfare of the patient is, of course, the first consideration; but immediately thereafter comes the question of payment of the account. This isn't any side issue to be avoided, delayed or ignored. It is of prime and vital importance.

While it is true that people have given of their means to establish hospitals, they should not expect free service because of that fact. The money they gave us has been spent; it has been put into brick and mortar and is, of course, not available for the payment of hospital accounts. Money given to hospital buildings and equipment has made possible a plant in which the sick and injured can be cared for, but the payment of

Date _____ 19__ Time ____ AM PM

To Mr. Lander's Office: This will introduce you to

Mr. _____, who

Miss _____, who

may wish to make a request for deferred payments.

Signed _____

This note is given a patient or his representative if it appears that payment is uncertain.

a hospital bill is a very different matter.

There are some people who have good business sense along all other lines who don't respond very nicely and agreeably when asked to apply the same sort of good business judgment in the consideration of hospital accounts. Now, when an individual goes to a bank to borrow some money or open an account, he meets the conditions laid down by the banker without a whimper. If he goes to the store to buy a suit of clothes, he pays for them or meets the requirements of the merchant in arranging for future payment. But there are literally hundreds of good people who think it's "awful" if a hospital executive courteously insists on business methods being applied concerning the opening and payment of a hospital account.

The question of properly handling people who are about to incur hospital accounts is very largely a matter of education and practice. When the patient comes into the hospital, a certain amount of information must be secured. First, concerning the patient; second, concerning the payer if other than the patient, as a husband or father.

The admission blank is exceedingly important, and when properly filled in one can tell almost to a certainty what may be expected concerning payment. The admission blank shown herewith is divided into three parts and contains all the information necessary.

The admission clerk has an important task, for "first impressions are lasting impressions." Answers to the questions should be obtained quietly, the patient should be made to feel at ease and, in the opinion of the writer, no "advance" or "down" payment should be asked for. Patient or payer should, however, be given to understand that regular rules require weekly payments made on Friday or on Saturday. If at this point it develops that weekly payments may not be possible and it appears that the matter of payment is uncertain, the payer is given a slip and asked to call on the financial secretary. A notation of this is made on the admission blank. A copy of this slip is reproduced.

If it appears advisable, the local Retail Credit Association is asked by telephone for a "report" on the payer and in a personal interview the matter of payment is ironed out.

Right here is the most important time concerning payment or the arrangement for payment! Too much stress cannot be laid on this fact. Per-

What About a "Down Payment?"

Mr. Lander does not believe in asking a patient for an advance payment, or a "down payment," he says, but he insists that the patient understand that bills are payable weekly, on Friday or Saturday, and that all conditions agreed upon by patient or his representative, and the hospital, be carefully filled. He says that he can tell almost to a certainty what to expect in the way of payment by the way the patient fills out the admission blank Wesley Hospital uses.

haps it is possible to work out a plan for payment weekly or payment in full at dismissal. If payment is to be made in the future, let's not forget that "an account well opened is half collected." There isn't a reason in the world why an individual should find fault with businesslike procedure and if he does, the credit manager may as well be put on his guard, for in all probability there is trouble ahead.

In caring for patients, a hospital has hundreds of things to buy, and these things have to be paid for promptly, and in most instances as the institution has little or no endowment, there is no way of paying for these things except with the money that comes from the patients as they pay for services rendered.

The ordinary hospital is divided into departments and at the beginning of the year each department should submit to the superintendent an estimate of expense by the month for the ensuing year, and this should be followed closely month by month as any other important business would be. Some such division as the following should be made:

1. General administration.
2. Maintenance and operation.
3. Housekeeping.
4. Linen.
5. Laundry.
6. Dietary.
7. Medical and surgical.
8. X-ray.
9. Pharmacy.
10. Laboratory.
11. Nursing department and training school.
12. Pediatrics.
13. Physiotherapy.

BAPTIST STATE HOSPITAL

Little Rock, Arkansas

PATIENTS RELEASE

NAME _____

ROOM _____ DATE _____ M

DISCHARGED BY DOCTOR _____

APPROVED _____

Cashier

No patient should leave Hospital until discharged by the Physician in charge and this card approved by cashier.

SEE REVERSE SIDE

Signature by cashier is necessary to comply with Act No. 106 of State Legislature 1931. All patients and those responsible for their bills, are respectfully requested to arrange settlement of account due this Institution.

Act No. 106 reads as follows:

"SECTION 1. Any person who shall from any hospital, infirmary, or sanatorium, receive or cause to be furnished room, board, surgical, medical or nursing care, with intent to defraud such hospital, infirmary, or sanatorium, of the amount due for such room, board or surgical or medical care, or shall obtain credit at such hospital, infirmary, sanatorium, by the use of false or fraudulent means, shall be fined not more than \$50 or imprisoned more than thirty days, or both.

"SECTION 2. The departure, without intent to return, of any patient from any hospital, infirmary or sanatorium, and without payment of the amount due such institution, or without actual notice to the officials of the intention to depart, shall be prima facie evidence of intent to defraud."

Here's an idea for improving collections of hospitals in states which have a law protecting hospitals against fraud. At the top is the front, and below the back of a card used effectively by Baptist State Hospital, Little Rock. Read this carefully.

Hospitals are always condemned by some folk. You can't please everybody. If at the end of a year there is a deficit on the operating end, which some hospital administrators feel gives them a good reason for "financial help," the institution is "cussed" for bad management. If you wind up a year with a surplus in the operating end which, of course, isn't a profit, being turned over to the building fund, where it is always needed, you are condemned for making a "profit" when you are supposed to be a "free, benevolent institution." However, it is a foregone conclusion that if the people of a community do not appreciate and care for the hospital as it ought to be cared for, some unit of government, as city, county or state, will have to take it over and run it on a taxation basis—and won't that be lovely!

Every loyal citizen who knows when he is well off and who has gumption enough to realize the true worth of the hospital to his community and who is level headed enough to know when he gets good, dependable, non-political and efficient hospital service at reasonable rates, should rise up in his wrath and condemn the hospital "knocker" and drive into the open with glaring lights of publicity those people who are able to pay and don't! Be appreciative, boost your hospital; it is a mighty valuable asset to your community, and if it is to continue, must be operated on as good and efficient a basis as any other business in your city.

A hard-fisted, clear-headed farmer penciled and figured on his wife's hospital statement until he discovered that she had been cared for on a basis of 24 cents per hour. He said to the superintendent, "I'll be darned if I see how you can do it; with all your specially trained employes and nurses and all your high priced equipment—why, just think, here I get my wife all fixed up good as new for 24 cents an hour, and when a second rate mechanic works on my old Ford for the same length of time it costs me a dollar and a half."

Remember, the hospital is not only a benevolence, it is a tremendously important business—second to none in your community.

ANOTHER LIEN BILL

The Virginia Hospital Association succeeded in passing a lien bill recently which provides for protection of hospitals up to \$200 for services rendered to persons injured in accidents when such persons receive damages.

Let's Take a Look at Structure of Hospital Charges

By L. C. VONDER HEIDT

Superintendent, West Suburban Hospital, Oak Park, Ill.

I FEEL we have all put forth every effort along the lines of curtailment, and it would be presumptuous for me to suggest a panacea to carry us over these trying times. A year ago I referred to difficulties with an average of 60 per cent occupancy calling attention to the necessity of balancing budgets, etc. I wonder how many of us felt at that time that we would be down to 40 per cent occupancy and still functioning as going institutions, carrying on the good work that hospitals have always performed. To me it is marvelous that most of us have been able to adjust our conditions to this low basis of patronage. Of course, we are now all confronted with one necessity and that is to operate on an efficiency basis, depending wholly upon our income from patients. Heretofore, some of us have had endowments, but this income has been discontinued or curtailed; others have had philanthropic donations which from my observation have now practically ceased.

I feel hospital operation has been more or less dominated by tradition and I am wondering if we might look at some of these practices with a microscopic eye to see if we cannot effect some change. Let us look at the hotel field. A good many years ago, we had nothing but American plan service. Now this plan is practically extinct and I do not believe it will ever return. I do not mean to infer that a hospital could operate on the European plan as regards food and lodging, but I do have in mind one definite theory and that is that we must not get away from the practice of making extra charges for the additional services.

I refer to charges for birth room, nursery, dressings, drugs, operating room, gas anesthetics, etc. The public should not be educated in the viewpoint that all of these things are to be thrown in with the rate for room and board. I do feel, however, that our room and board rate for private rooms should be maintained on a minimum and equitable basis.

Then, too, we have another valuable commodity in the hospital which has always been included with the room rate. The factor of care

is perhaps the most important and expensive item that a hospital is compelled to shoulder. Suppose we had an elective service from which a patient might choose—for instance, general care on a basis of \$2 per day; graduate floor care on a basis of, say, \$4 or \$5 a day; and intensive group nursing on a basis of \$5 or \$6 a day; plus, of course, the usual special duty care. Would it not impress upon the public that this is an expensive commodity and should not be expected to be included in the rate for room and board?

I can readily admit that there is some necessity right now for making a flat rate, for instance, in obstetrics, but by all means do not permit this tendency to undermine our entire structure of revenue. I am assuming, of course, that all of us have had the genius and good sense to curtail at every possible turn, but now is it not in order to look at the other side of the ledger and see what can be accomplished to stimulate our revenue account, not by increasing our rates but by impressing upon the public, through the medium of a charge, that these various items comprise a most considerable sum in our operating budget and should not be expected gratis?

NORTHWEST TEXAS MEETING

The fourth annual meeting of the Northwest Texas Clinic and Hospital Managers' Association will be held in Abilene May 20 and 21. As usual, this will be an extremely practical and worthwhile session, with greater time than ever devoted to round tables. E. M. Collier, West Texas Baptist Sanitarium, Abilene, is chairman of the program committee, assisted by Mrs. Bessie Hallinger, Abilene Medical and Surgical Clinic, and Pat Morrison. Officers of the association include: H. R. Fuller, Wichita Falls, president; C. E. Hunt, Lubbock, immed. past president; H. L. Barber, Fort Worth, first vice-president; E. M. Collier, Abilene, second vice-president; J. H. Felton, Lubbock, secretary-treasurer, and directors, A. L. Buster, Stamford; E. M. Collier, Abilene; Ara Davis, Temple; W. V. Jarratt, San Angelo.

395 FEWER SCHOOLS

"The Grading Committee believes that there are probably 395 fewer nursing schools in the United States today than there were two years ago," says the May, 1932, A. N. A. Bulletin. "Of this number, 109 are known to have been closed and 275 others have probably been closed. The remaining 11 have combined with some other school."

From a paper before tri-state convention, Chicago, 1932.

Is This the Answer to Your Problem Of Increasing Occupancy?

Would a Few Comparatively Inexpensive Changes in Building, Equipment or Furnishings Make Patients Happier, Doctors More Cooperative and Personnel More Efficient?

IN these days when trustees are clamoring for reduction in operating costs and superintendents are endeavoring to operate hospitals according to high standards on greatly reduced budgets, when every apparent means has been used to reduce unnecessary expense, the hospital world is on the lookout for every possible means to reduce costs and increase earnings.

A hospital may be said to be composed of two parts, animate and inanimate—doctors, nurses and personnel, and building and equipment—and when one part fails the hospital fails to function. It follows, therefore, that when one part is operating inefficiently the other part is handicapped to a corresponding degree.

Today's conditions, according to D. X. Murphy & Brother, architects, Louisville, Ky., suggest that hospitals look to their buildings and equipment for an explanation of at least part of their operating difficulties. This firm, incidentally, has planned and built complete hospital units in different parts of the country, institutions of different types, has had much experience in fitting an existing structure into an expanded plant, and more recently has given attention to the modernization of existing buildings.

J. C. Murphy, a member of the firm, in discussing conditions of hospital operation recently, suggested that answers to the following questions might develop interesting facts for many hospital boards and superintendents:

"How many patient days do you suppose you lost last year because one wing of your building, or even one group of rooms, failed to heat properly? No person who is ill will enter a hospital when Dame Rumor whispers that he will not even be comfortably warm.

"How much has your reputation for nursing service been damaged because your nurses are so exhausted going to and from distant utility rooms that they have neither time

"A pleased patient is the hospital's best advertisement."

Do you really believe this?

If you do, what are you doing in the way of making certain that your patients are pleased with the service of your hospital, as far as conditions permit?

Have you given any thought to controlling noise, lessening time in serving patients, winning greater favor of patients through more attractive interiors and furnishings?

Even if your hospital is not now in a position to finance an addition or a new building, there are a number of things in the way of winning good will that many hospitals can do today, as this article suggests.

nor energy left for proper attention to the patient?

"What percentage of your fuel bill is being used to heat the great outdoors?

"Is your boiler plant a modern stoker-fired plant that will burn low priced coal efficiently?

"Is your staff slowly deserting you for another hospital? Surely their personnel is no better than your organization which has been years in the building. The reason must lie in the new operating rooms and up-to-date equipment, or in any one of hundreds of small, seemingly unimportant items which affect the doctors personally and make their visits pleasant or otherwise.

"Is your building fireproof or non-fireproof? If non-fireproof, a great deal can be done not only to render it reasonably safe, but to reduce that item of insurance which looms so much larger now than a few years ago. And, by the way, have you recently had your building, whether fireproof or not, appraised for insurance purposes? Building costs have



Walls as well as floors may be finished with attractive durable linoleum in any modernization program, as this photograph shows. Note the interesting figures in the walls. This type of finish may be applied to old or new construction.

dropped so much in the last three years that many institutions are carrying policies for amounts greater than the values of their properties.

"Is your operating department so planned that simultaneous operations do not conflict with one another?"

"So that all facilities of the department are available on the instant wherever needed?"

"The rising young surgeon will hardly bring his patients to a hospital where the chief of the surgical staff through no fault of his own monopolizes all facilities.

"Are the labor and delivery rooms of the maternity department placed as far as possible from other patients?"

"And are they soundproof?"

"The indifference of some hospital executives to these details is inexplicable.

"Why should any patient be required to suffer not only actually, but in anticipation and in retrospect?"

"Hospitals have done much to redeem the black pages of history written in their maternity wards, but much more remains to be done. What of the nursery?"

"Is it entered directly from the public corridor with only a sign on the door to deter the entrance of visitors and irresponsible parties?"

"It may seem that we have wandered somewhat from our cold blooded subject of operating losses, but any improvement in this department of a hospital is almost certain to result in increased hospitalization of maternity cases.

"Are your X-ray and laboratory departments large enough to satisfy the increasing demands made upon them by modern medical and surgical practice?"

"Are they located close enough to the operating department?"

"How many steps are lost every day in the preparation and service of food, due to improper planning of kitchen and serving rooms?"

"Does the food reach the patient in proper condition?"

"Just what risk are you running in installing modern electrical devices in your hospital and connecting them to an unbalanced and already overloaded wiring system?"

"In what condition is your refrigerating plant?"

"Laundry?"

"Plumbing?"

"And are they conveniently located?"

"Questions such as these may suggest a new line of thought to hospital executives—perhaps lead to a solution to some of their operating problems," concludes Mr. Murphy.

Boiler Room Offers Many Hospitals Opportunity to Save

By R. G. JOHANSEN

President, Hays Institute of Combustion, Chicago

AS a result of many years of contact with the men who are operating the boiler rooms and power plants of hospitals, it is possible to say that this phase of operating costs has received far less attention from executives than it deserves. If the management were in closer contact with the problems of efficient boiler room operation and if the operating men were given greater encouragement in the study of the fundamentals of combustion, the average plant would benefit materially.

It is surprising how some of the most fundamental principles of efficient combustion are often ignored. This is particularly true where the grade of coal has been changed or where oil or gas has been substituted for coal without a full knowledge of how to get maximum efficiency.

Usually the boiler room operators have a definite set of instructions to follow. As a matter of fact, a set of rules for superintendents to follow as a guide in checking boiler room operations might result in a very definite reduction in fuel costs. Such rules, although they might seem rather obvious but which are certainly violated in many cases, might be outlined as follows:

1. Instruct the boiler room operators not to waste fuel or supplies. Stress the importance of small wastes on operating costs.
2. See that the boiler room is kept clean. Efficiency and cleanliness usually go together.
3. Insist that the boilers be kept in good physical condition. It will be easier

for the operators to handle their job and it will reduce the amount of fuel used.

4. Use the best materials possible, especially on furnace maintenance. The best is cheapest in the long run.

5. Insist that the boiler room follows a definite routine.

6. See that the boiler room is kept posted on operating schedules in the various departments. Load changes calling for greater or less amounts of hot water or steam must be prepared for in advance if fuel is to be saved.

7. Insist on complete practical records of operation to compare with output. Fuel costs compared with output from each department may give a clue to possible savings.

8. Insist on good discipline in the boiler room. See that you are firm, but fair.

9. See to it that your men are interested in their work. There should be more to the job than just burning fuel and making steam.

10. Encourage your men to continue the study of combustion principles. Your men may be competent, but they may not understand fundamentals well enough to meet changing operating conditions.

Each of the above rules could be amplified. Each hospital represents a specific problem, and the answer will not be found in generalities.

It is most important to see that boiler room operations are co-ordinated with occupancy and the schedule of work in each department. When a department that requires a considerable amount of steam or hot water shuts down, it is too late to notify the boiler room. For the next half hour heat will be wasted. The time to notify the boiler room is at least a half hour in advance of the change. Where oil or gas is used for fuel, the time lag may be less, but there is a definite time interval in which the boilers should be properly synchronized with the new load conditions.

Superintendents are not expected to master the details of combustion engineering along with their other diversified interests. Each of the functions theoretically may be in the hands of an expert, but each department requires an intimate supervision if operating expenses are to be reduced. The boiler room or the power plant requires that same supervision.

Possibly the best tactics for the management to pursue is to insist that every man in the boiler room or the power plant continue his study

(Continued on page 57)

The author of this article has had many years' experience in teaching personnel of boiler rooms and power plants to reduce costs and increase efficiency of operation. At this time, when so much attention is being given to ways and means of reducing expense, this focussing of attention on the mechanical plant as a source of further hospital savings is opportune.

Obstetrical Department Routine of Methodist Hospital, Brooklyn

Separate Building Houses Department, With Its Own Admission, Bookkeeping and Record Division; Nurses Wear Face Masks as Do Mothers When Nursing Infant

By MABEL R. DURYEA

Directress of Maternity, Methodist Hospital, Brooklyn N. Y.

IN describing the various phases of the work in an obstetrical department, one must first think of the physical arrangement of such a department in relation to other departments of the general hospital. Therefore, it may be helpful if I first describe the building which houses the obstetrics of the hospital with which I am connected.

This is a six-story building, entirely separated from all other buildings, with capacity of 100 adult beds, one-third of which are private, one-third semi-private and private ward, and one-third ward, thus allowing ample accommodations for the "white collar" or moderate salaried family, which was so needed in our immediate vicinity at the time plans for this building were being formulated.

The first floor consists of admission office, admitting rooms, administration offices, staff rooms, record rooms and clinics. The second floor is entirely composed of ward accommodations, having two ten-bed wards and all others of four beds, with two "quiet rooms," examining room and large airy nursery with ample duty and utility rooms. Here also is located the isolation unit, entirely removed from contact with the rest of the floor.

The third and fourth floors are private ward and semi-private; the fifth floor private rooms. On each of these floors are nurseries for these floors.

The sixth floor is given over to labor, delivery and operating rooms. Here also will be found a rest room for the doctors, with dressing room and shower. Apartments for the resident and interns of the obstetrical service are located here.

This building is administered as a separate unit, having its own admission office, bookkeeping department, and record room. All patients are



"This is a six-story building, entirely separated from all other buildings, with a capacity of 100 adult beds."

admitted and discharged directly through this admission office.

The students from the school of nursing are assigned to duties only on the ward floor, in the clinics, and day duty in the delivery rooms; night duty in delivery room and the private floors are cared for by general staff graduate nurses.

The intern staff is composed of one resident, one senior and two junior interns.

The resident has charge of all ward cases and may delegate the delivery of them to senior or junior intern. He must keep in close touch with the attending in charge of the ward service as he is directly responsible to him for the condition of all ward patients and he must be consulted by interns who are watching these cases. He may also delegate

the delivery of abnormal cases to the senior intern under his direct supervision. He is expected to be at all clinics as often as is possible for him to do so. He signs out all ward cases after ascertaining that the chart is complete. The intern delivering the case examines the patient with the resident before discharge.

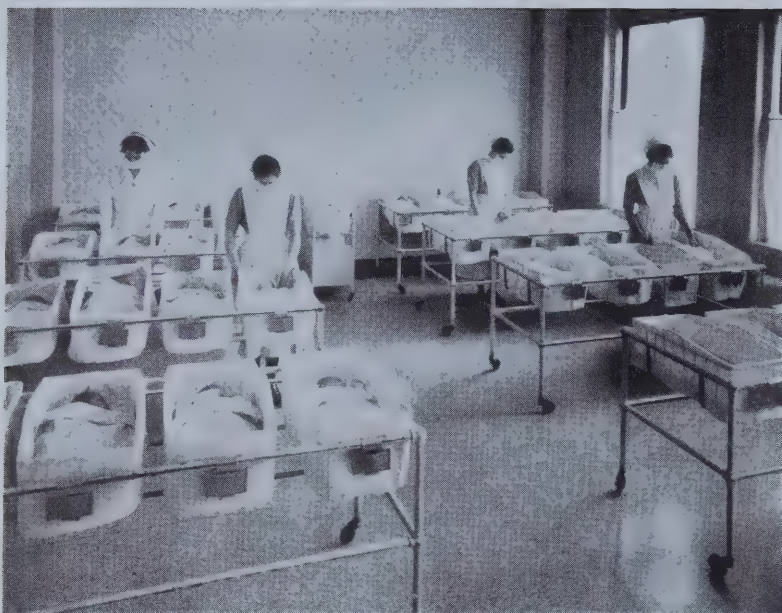
The pre-natal clinic is held at 9 a. m. daily, with the exception of Tuesday morning. At this time, the follow-up clinic for babies is conducted, the mothers returning with their babies for six months. This clinic is under the supervision of the pediatric service which also has charge of the ward nursery.

First visits of all patients are assigned to definite days, as first visits necessitate a much more detailed work-up than return visits. This is found to eliminate much confusion that would otherwise occur if return visits were allowed. The primiparous patient is assigned to Monday and the multiparous to Wednesday morning.

On Thursday and Friday mornings the return visits are made, and on Saturday morning the dystocia and toxemia clinic is held. Each one of these morning clinics is preceded by the "mothercraft" lecture, which is given at 9 o'clock. I should like to say just a word regarding this work, as in its initial step it certainly was a venture. In 1927 the Maternity Center Association of Brooklyn realized its educational program could be carried on much better if affiliation could be had with hospitals having an active maternity service. The scheme was new in Brooklyn and met with some opposition, but after many controversies it became obvious to the administrators of this hospital that if such a well equipped personnel as the Maternity Center Association commanded could be linked with the large amount of clinical material in this department, both organizations would be doing a better



From a paper before 1931 hospital conference, American College of Surgeons.



"Face masks are worn by nurses at all times when handling babies."

piece of work. So this unusual program was formulated and has proved a great success. It may seem that these classes are called at an early hour, but it has been extremely gratifying that they are always fully attended and have proven very helpful to the patient.

The post-partum clinic is held on Monday and Thursday afternoons.

The routine admission of a ward patient is as follows: The admitting room is in close contact with the admission office, and the patient is directed to this room. Here she is received by the nurse and immediately seen by the resident or senior intern, examined and accepted or rejected by him. If the patient is to be admitted she is prepared, a shower bath given, clothes listed and sent to lockers in the basement, and she is taken to the antepartum room on the ward floor, where further preparation is done. She is now in charge of the resident or senior intern. Progress is observed and reported by the nurse and she remains here until labor becomes active, or if she becomes disturbing to other patients, upon doctor's order she is then taken to one of the several labor rooms on the sixth floor, being watched continuously by the nurse in charge of the delivery room. Because of the close proximity of these labor rooms she is easily transferred at the proper stage to the delivery room.

After delivery the patient is immediately returned to her bed in the ward and the delivery room nurse remains with her, holding the fundus and watching the pulse for one hour.

The baby having had a necklace placed on its neck, as soon as delivered, by the supervising nurse in charge of the delivery room, and its footprints taken with the mother's fingerprints, is transferred to the ward with the mother and placed in the nursery. A red ticket is tied on the bassinet, which calls the nurses' attention to the fact that it is a new baby and must be carefully watched.

The foot and finger prints are placed in the chart and made a part of the permanent record before mother and baby leave the delivery room.

Ward patients are not allowed their own clothes while in the hospital, but are provided with gowns and robes, and when ready for discharge are taken to the admitting room, where their clothes are brought to them. The clothes list, after being signed, is also placed in the chart, thus eliminating many an arduous search in case of a possible future reference being necessary. The baby is brought down with the mother for discharge and the necklace is not removed until they are



both taken to the office. Here the graduate nurse in charge of the office removes the necklace and shows it to the mother to assure her that she is receiving her own baby. This is the last contact made before she steps out of the door and leaves the hospital. You will note there have been three witnesses—the graduate nurse in charge of the office, the nurse discharging the patient, and the person accompanying the patient home.

Face masks are worn by nurses at all times when handling babies, and mothers are required to wear them whenever nursing and until baby is taken from the room. Visitors are not allowed in the room during nursing period, and on wards they are not allowed on the floor during this period. Babies may be seen only through windows which have been constructed for this purpose, and visitors are never allowed in the nursery. All bottle feedings must be given in the nursery by the nurse. Mothers often request to do this, but it is not allowed, as the above method proves more satisfactory in assuring proper consummation and no handling of nipple on the bottle. In such cases, however, the baby is taken to the mother, if condition permits, at regular intervals, so that she may see her baby and feel comfortable as to its condition. The masks have proven well worth while, especially during the months of prevalence of nose and throat infections among the doctors, nurses and patients.

All babies are given a tepid alcohol sponge twice a day, are kept very scantily clothed, only shirt and diaper being worn, with flannel wrapping blanket for transportation to mother. The temperature of the nursery is observed closely to avoid in all possible ways over-heating of the baby, thus lessening the possibility of first irritation of the skin. This does eliminate to some extent skin rashes. When skin rashes do appear, however, the baby is removed from the nursery immediately and placed in a smaller nursery termed "observation." Here it is seen by the pediatrician. Should the rash become disturbing, the baby and mother are removed to isolation, and if pustules develop, they are placed in a room together, in this unit.

I shall not attempt to say that we never see a pustular type, for I think there is no one here who would believe me if I did, but I do say, with the avoidance of elaborate technique, thereby giving the nurse sufficient time adequately to carry out these few simple rules, as a preventive and



"The sixth floor is given over to labor, delivery and operating rooms."

immediate isolation as a corrective has lessened all types of rash in this department to almost negative.

The ante-partum charts are assembled in the admission office and are completely made up with all the necessary sheets by the nurse in this office before the patients are admitted, and kept until the nurse who is in charge of registrations on Monday, Wednesday and Friday afternoons takes the social history. She attaches this to the chart and refers the patient to the intern, who is also present during the registration hour to take the physical history. This history being taken at this time greatly facilitates the morning clinic work. The registration nurse then files this chart, completely made up, in the antepartum clinic cabinet, where it remains until the patient visits the clinic on the day specified.

Upon admission to the hospital the chart is given a file number. All multiparous patients who have been delivered here before are given a supplementary letter such as A., B. or C., whatever the number of returns may have been. This keeps all charts belonging to this particular patient under one file number regardless of year of return, making it easily available and of real continuity.

Everything pertaining to the patient's stay is filed in the chart, clothes lists, thumb and finger prints, already mentioned, also a duplicate of the birth record sent to the department of health.

So much could be said of charges and still more of non-charges these days, that it is rather a difficult sub-

ject to give one, for the last few remarks, but the "installment baby" has become a real fixture. At the time of registration the ward patient is told she is to be prepared to pay her initial payment of \$5. She is then encouraged to bring with her when she comes for her clinic appointment any amount that she can save, but to bring *something*, if possible, in order to decrease her obligation as much as possible before admission. I expect this is no new measure, and you have all no doubt found it helps the patient to help herself. It does entail a good deal of bookkeeping, but many bills are paid in this way, that never would be paid if left until the time of admission. The patient, herself, appreciates this method and it is not uncommon for a private ward or semi-private registrant to call and ask if she may do this. If any interruption of plans occurs, all money is refunded except the five dollars initial payment, and in case interruption occurs between registration and time for first clinical visit, this too is refunded.

For the year 1931, 1,203 ward mothers were admitted, and out of these, 719 bills were entirely paid before admission, so it would seem to merit all the extra labor involved.

NEW OFFICERS

Dr. Edwin C. Palmer was elected president of the Southern California Association of Approved Hospitals at the annual meeting. Other officers elected were L. Goldwater, first vice-president; E. A. Morrison, second vice-president; Dr. J. Rollin French, secretary-treasurer, and J. C. McFarlane, W. E. Crandall and C. J. Kimlin, directors.

850 More Members Is A. H. A. '32 Goal

The membership committee of the American Hospital Association recently sent an appeal to all institutions and individuals on its mailing list to aid in increasing the roster of the association.

"The objective of the membership committee for 1932," reads the appeal, "is to secure 250 new institutional members, 500 additional active and associate personal members, and 100 additional life members."

The appeal urges members to visit acquaintances in other hospitals and to tell them about the A. H. A. and to solicit their personal membership.

As a result of one suggestion of the committee a number of new members in the associate class have been enrolled in groups from different institutions.

The committee is headed by L. C. Vonder Heidt, West Suburban Hospital, Oak Park, Ill., with regional members as follows: W. Hamilton Crawford, Hattiesburg, Miss.; George A. Collins, Denver; Lola M. Armstrong, Los Angeles; Dr. G. Harvey Agnew, Toronto, and Samuel G. Ascher, Brooklyn.

WEBDELL PRESIDENT

The Rev. C. W. Webdell, of St. Louis, was elected president of the Methodist Hospital Association at the seventh annual meeting at Memphis. Other officers named were the Rev. C. Q. Smith, of Fort Worth, Texas, vice-president; and Fred T. Barnett, Atlanta, secretary-treasurer. Miss Lake Johnson, of Lexington, Ky., is retiring president.

Cities and counties should aid in carrying the annual \$500,000 charity burden of Methodist hospitals in the south, was the opinion expressed by the Rev. C. G. Earnest and Dr. Charles C. Jarrell, hospital board general secretary, in talks before the association.

A round-table discussion on "Practical Problems" was conducted by Dr. Henry Hedden of the Memphis Methodist Hospital.

Dr. Bert Caldwell, A. H. A., and Dr. L. H. Burlingham, Barnes Hospital, St. Louis, were among the speakers.

FORTY YEARS OLD

On April 13, to commemorate the fortieth anniversary of the incorporation of the Jamaica, N. Y., Hospital, the trustees, medical staff and friends of the institution dined and danced at the Waldorf-Astoria Hotel. Some 300 were present. J. Stanley-Brown, president of the board, stated in his address that Jamaica Hospital started as an institution of three beds. Addresses were made by Dr. J. G. Wm. Greeff, commissioner of hospitals, New York; Robert W. Higbie, State Board of Regents; Geo. U. Harvey, president of the Borough of Queens, and Rev. Warren Wheeler Pickett, Forest Hills.

“What’s Your Per Capita Cost?” Seems to Be Vague Question

Unusual Methods of Figuring Patient Days and Operating Expenses Disclosed in This Paper Which Concludes That “How Do You Figure Your Per Capita Cost?” Is a More Sensible Question

By MATTHEW O. FOLEY

IF two or more superintendents talk together long enough, someone is sure to ask, “What is your per capita cost?”

As soon as a figure is mentioned, some of the listeners will immediately form an opinion of the service or management of the hospital in question. If the figure mentioned is higher than that of the listener’s hospital, the listener will wonder if the other hospital’s nursing school isn’t a trifle oversized or just how efficient its system of requisitioning supplies really is. If the cost mentioned is lower than that of the hospital of the listener, the latter will recall what a splendid laboratory service his or her hospital renders and how the volume of special diets is the largest in the state considering the size of the hospital.

In other words, there is a general tendency to compare service or management on cost figures exclusively and there isn’t a sufficiently general appreciation of the lack of uniformity in determining those figures.

I realize I am speaking in Pennsylvania, where 161 hospitals receive state aid and must figure costs on a uniform system. But I believe that among the other hospitals of Pennsylvania there is a lack of uniformity in determining costs proportionate to that in states without a uniform system.

Believe me, however, when I say that I think that figuring costs, including patient day costs, is a worthwhile activity. But its least worthwhile feature is for use as a basis of comparing service or management of hospitals whose methods of figuring costs is unknown. The most worthwhile value of figuring costs is as a check on the operation of the hospital as a whole or of individual departments from period to period. For instance, a variation in costs from one period to another demands investigation which sometimes may show a laxity or carelessness that

otherwise might have continued without being detected.

Besides helping a superintendent to do his or her job better, cost figures sometimes are used by superintendents to make their jobs safer. Those who have occasion to examine per capita costs of many hospitals frequently note that a superintendent can make previous cost figures shrink remarkably, even when he or she has succeeded a person of acknowledged ability. Recently a superintendent in a first report to the board of trustees, after several months on a new job, proved by detailed figures that the patient day cost was 15 per cent less than under the former superintendent. It so happened that the latter had been in the field for a number of years and the new superintendent was in charge of a hospital for the first time.

The number of patient days is, of course, an essential factor in determining patient day costs. Not long ago a study was made of expenses of one department of a number of hospitals. To show the relative expense in proportion to the volume of service of the hospital, the question was asked, “How many patient days last year?” In answer to this question, “How many patient days last year?” one hospital replied, “365.” This year, leap year, ought to increase this occupancy.

Another superintendent some time ago in an annual report announced a per capita cost of \$6 a day. It was just about the time trustees were making careful studies of hospital finances and they said that they thought this cost was too high. Some trustees even visited nearby towns and talked with boards of other hospitals. Returning, they told their superintendent that these hospitals had costs of about \$5 a patient day. Then the superintendent went visiting the other hospitals and when the next board meeting was held the superintendent said:

“Our per capita cost is \$4.98 a day.”

“But you said it was \$6 last month,” said the president of the board.

“That’s true,” was the reply, “but I visited the hospitals you mentioned and I found that our cost is slightly under theirs. You see we have been omitting baby days from our patient count and including out-patient expense. The other hospitals don’t include out-patient expense and do include babies as patients. I have figured our costs that way, and by including baby days and omitting out-patient expense, the figure is \$4.98 instead of \$6.00.”

It is relevant at this point to report that a person connected with the statistical department of one of the best known hospitals in the country some time ago could not answer definitely whether or not babies should be counted as patients, although the American Hospital Association recommends that this be done.

A further insight into differences in determining patient days was given at a national convention when someone asked, “If a patient is admitted at 8 a. m. one day and discharged at 8 p. m. the next, how many patient days of service are rendered to him?”

Answers from some 35 people ranged from one to two days, several reporting a day and a half. But a government official of a Canadian province capped the climax when he said that in his province, if a patient came in at 8 p. m. Monday and left at 8 a. m. the following Wednesday, remaining in the hospital 36 hours, the hospital would receive three days’ grant from the government. Thus 36 hours of hospital treatment was reported as ranging from one to three days. This same discussion discovered that about 30 per cent of the hospitals answering this question did not count patients at midnight, but

at some other hour, which, of course, would give a different census from a midnight count.

Again I must remember that I am in Pennsylvania, where there is an official ruling as to how long is a patient day. It is this:

"HOSPITAL DAY: The hospital day begins at midnight; it accordingly ends at midnight. A patient is recorded as being admitted on June 1 if he is received on that day at 12:01 a. m. or at 11:59 p. m., or at any hour between those time limits. Such a patient is charged with a day's hospital treatment if he is discharged on June 2 at any hour within the limits of that day. A patient who is admitted during the morning of one day and discharged during the afternoon of the next day is charged with one day's hospital treatment. Likewise, a patient who is received in the afternoon of one day and discharged the next morning may be said to have received a hospital day's treatment.

"PART-DAY PATIENT: An exception is made in the case of a bed patient who is admitted and discharged the same day. A tonsillectomy operation is an example of such a case. Ordinarily it is essential that a patient who undergoes a so-called minor operation be placed in bed for a few hours. Such a patient causes quite as much work as one who spends a night in the hospital. The principle is then to count as a hospital day's treatment the service rendered to bed patients who are admitted and discharged the same day."

The other essential factor in patient day cost is the operating expense of the hospital. One superintendent, as noted, formerly included out-patient expense in operating expense, although the American Hospital Association recommends that this not be done. Several years ago a group of denominational superintendents passed a resolution to include interest on loans as an item in patient day cost. Another sidelight on the matter of how some hospitals arrive at operating expense is the recent report of a superintendent who announced a surplus of \$1,800 for 1931. A \$2,000 loan from a bank was included in hospital income, but was not shown as a liability, yet newspaper reports said that the superintendent was warmly commended for producing a surplus under present conditions.

When you are tempted to compare hospitals by per capita costs only, think about this:

A superintendent recently announced she was going to discontinue the nursing school because graduate nursing was cheaper. When asked how much cheaper, she answered that she would not know the patient day cost until the end of the fiscal year, and that the hospital did not have any figures for previous years.

Another superintendent some years ago was talking about how well a small hospital was getting along.

65 Questions

In a discussion of this paper which was read at the 1932 convention of the Hospital Association of Pennsylvania, Melvin L. Sutley, Delaware County Hospital, Upper Darby, said that even when a uniform system of accounting is used, it is difficult to compare costs of one hospital with another. He added that he once had an opportunity to examine figures prepared according to a uniform system, and sought to compare some of these figures with those of his hospital. "I immediately found many items which needed explanation," continued Mr. Sutley, "but as I wanted to make a comparison, I decided to make a list of questions and submit them to the other hospitals. I put down one question after another, studying over the figures until I had 65 different points that needed clarification. Then I decided that a comparison would be valueless."

"We don't get a cent from the town or county, we have no endowment, we do about 15 per cent free work, and we always finish without a deficit," she said.

"What is your per capita cost?" someone tactlessly asked.

"Per capita cost? Per capita cost? Oh, I never bothered to keep those figures."

Just a short time ago a man who has been a superintendent for many years and who has been chairman of committees of the American Hospital Association, remarked that he had discovered a new and better way of figuring patient day costs. It is not advisable to go into details here, but what he did was to deduct revenue from certain departments, such as revenue for nurses' meals, income from X-ray, and so on, and also to deduct from operating expenses the cost of the social service department, because this department, he said, devoted practically its entire efforts to out-patients. At any rate, this man now has a "per capita cost" of about \$2 less than what he formerly reported. His annual report indicates that this new figure is accepted by the board. This superintendent believes that the new figure represents more nearly what it costs to take care of a patient for one day, although, of course, his method of arriving at that figure is unorthodox in a number of ways.

This man, however, has boldly done something that other superintendents have attempted in other ways, that is, to try to segregate certain items of expense which they feel ought not be considered as chargeable to every patient. In every

instance, however, it must be said that in explanation some of the unorthodox features of these "per capita costs" are mentioned. There is one hospital, for instance, which reports the following patient day costs:

Patient day cost exclusive of permanent improvements and not deducting revenue.

Patient day cost including permanent improvements and not deducting revenue.

Patient day cost excluding permanent improvements and deducting revenue.

Patient day cost including permanent improvements and deducting revenue.

Another hospital annually reports "patient day cost exclusive of special nurses," and "patient day cost including special nurses," while a division of this institution reports, "patient day cost not including special duty nurses but including special nurses' board," and "patient day cost including special nurses and special nurses' board."

Still another hospital shows a "per capita cost exclusive of ambulance."

From these unrelated comments we see that some hospitals figure patient days one way, and some another, and that there are different interpretations of what constitutes operating expense.

I shun any attempt to fathom the mysteries of departmental expense accounting. A committee of the American Dietetic Association recently reported of an effort to estimate food costs: "Each hospital seems to have its own method of distribution and division, and many of the figures could not be compared." A summary of the report showed that 42 per cent of the hospitals studied figured food costs on actual meals served and 58 per cent on hospital census. Perhaps this difference in methods of counting meals isn't typical of differences in figuring costs in other departments, but we must remember that hospital food is a most important expense item, and differences in accounting in this one department will materially affect patient day costs.

All of which seems to point unmistakably to the fact that "How do you figure per capita costs?" is a much more sensible question than "What's your per capita cost?"

RADIOGRAPHERS' HEAD

Dora A. Rhodes recently was elected president of the New Jersey Society of Radiographers. Miss Rhodes is the technician in charge of the X-ray department of the Paterson General Hospital, Paterson, N. J., of which Edgar C. Hayhow is superintendent.

Many More Hospitals Use Articles For Local Press

First Hospital in a Community to Use This Free Service Gains Considerable Advantage; National Hospital Day Notices Prove Especially Popular

HERE are four more newspaper articles for local use by hospitals. For those executives who have not made use of these articles in the past, here are the instructions.

Copy the first article, filling in name of hospital and other suggested facts. Typewrite double spaced on one side of paper. Send copies of this article about time suggested to all local papers and those published in nearby communities from which patients come.

Follow same suggestions with reference to the other three articles, sending them to the newspapers at weekly intervals. Watch for other articles for convenient and effective local newspaper publicity in future issues of HOSPITAL MANAGEMENT.

Church papers, club magazines and other publications to which someone connected with the hospital has access also ought to be supplied with copies of the articles. Sometimes the articles may be used as a letter to the editor.

The articles appearing in April 15 issue of HOSPITAL MANAGEMENT were used by many more hospitals than made use of the first articles appearing in the March issue. The April articles dealt with National Hospital Day and proved extremely helpful to the executives who wanted to inform the public of plans and program for May 12.

One of the interesting sidelights developed since these articles first appeared in the March issue was this: One superintendent noted the articles in the March issue but delayed copying the first item and sending in to the press. Imagine his surprise when he found that a hospital in a nearby town had made use of the article in a newspaper which was widely read in the community in which the first hospital was located. As a result of the delay, the first superintendent felt that he had lost a considerable advantage, since the other hospital had made first contact with the editor and had obtained publication of the article.

"Hospital Management" here-with offers four more newspaper articles for those superintendents who wish to get facts concerning hospital service before the readers of local newspapers. Follow the directions given for the preparation of the items and send copies of the articles to all publications. Newspapers make no charge for these items and, in fact, they have been played up as "front page news" in some instances. Please send "Hospital Management" clippings of articles which your newspapers may use.

Another fact developed through comments on the articles which HOSPITAL MANAGEMENT has been supplying to the hospitals for publication in the local press is that some superintendents did not make use of them fearing that the hospital would be charged by the newspaper. When this superintendent was told that news stories are not charged for, she copied some of the succeeding articles and was pleased to see the prominence given the material.

"It's so easy to get these facts before the public in this way," she said. "And when the name of the hospital and other information is put into the article as it is typewritten, the article seems to have been written entirely by some one in our hospital."



Still another hospital has found that by using one of the articles referring to the desirability of hospitalizing certain veteran patients in community hospitals, the institution has gained the editorial support of the local newspaper for this project. The editor published the article in the editorial column and added a comment to the effect that the newspaper felt that the idea was a sound one in every way.

HOSPITAL MANAGEMENT again asks those who make use of these newspaper articles to send clippings, as these will suggest ways of making future articles even more interesting from the newspaper standpoint.

This month's four articles follow:

Hoover Again Lauds Work of Hospitals

(Week of May 16)

(Your name), superintendent of (name of hospital) Hospital yesterday announced receipt of word of a splendid tribute to the hospitals of the United States by President Hoover. The president's statement was made in connection with the annual observance of National Hospital Day last week, but news of the issuance of his special letter became known locally only yesterday. "The United States is blessed above all of the nations in the number, variety and excellence of its hospitals," said President Hoover. "Nowhere is private generosity and public wisdom better expressed than in the support of these institutions for the alleviation of human suffering. The hospitals are meeting an unusual demand upon their facilities this year, especially in the field of free service."

(Your name), in commenting on the latter statement, said that the Hospital has had greater demands for free and part free service in the past year than ever before, and its financial problems have been made more acute by the material decrease in the number of patients able

to pay for treatment. In many states hospital authorities point to the necessity of public funds for emergency relief, due to the failure to raise sufficient money by voluntary contributions, and they say that city, county or state funds are necessary in many localities for the continuation of free and part free service in hospitals maintained by churches and benevolent associations.

Did You Ever Hear the Hospital Whistle Blow?

(Copy and send to all local and nearby newspapers about May 23.)

"Did you ever hear the hospital whistle blow?"

That's a foolish question, if ever there was one, ———, superintendent of ——— Hospital said today, but if any one asked that question, the superintendent added, it undoubtedly was to show some differences between hospitals and business establishments.

"A business office or a factory closes late in the afternoon," the superintendent continued, "but the hospital keeps open constantly. Usually when a hospital opens its doors they remain open until growth of demands makes a new building necessary.

"No one knows when accident or sudden illness will strike, and our hospital receives many patients during the night. Moreover, even if emergency service were not required, a hospital could not shut its doors and send all the personnel home at 5 or 6 p. m. For what would the patients do from then until the doors were opened in the morning?"

The 24-hour day of service of the hospital adds materially to the expenses of a hospital, the superintendent explained. First, there must be a night corps of workers, then heat, light, power, telephone service and other activities and other necessities must be available. The equipment and much of the furnishings of a hospital deliver at least two years' service every twelve months, compared with a factory, because the hospital is busy night and day, while the factory may be open only 12 hours daily, at the most, and frequently is closed from Saturday noon to Monday morning.

Briefly, in comparison with an industrial plant, the superintendent pointed out, ——— Hospital carries on 24 hours a day, every day in the year. From 6 p. m. to 6 a. m., when an industrial plant usually is shut down, the hospital uses power, heat and light, has a sufficient quota of

employees on duty to maintain the plant and to serve the sick.

At the ——— Hospital, after 6 p. m. there are ——— nurses and other employees on duty. Besides these, there are a number of others subject to call at any hour of the night in connection with an emergency operation.

More Critically Ill Rushed to Hospitals

(For Week of May 30)

In recent months hospital administrators in different parts of the country have noticed a marked change in the character of patients entering their institutions, due to the economic situation. In former years the great majority of patients, not of an emergency nature, such as accident, appendicitis, etc., were not nearly as advanced in illness as many patients seeking treatment this year. Hospital superintendents, according to HOSPITAL MANAGEMENT, a national journal for hospital administrators, attribute the large number of advanced illness cases now being admitted solely to present business conditions, which tend to make people delay hospital and medical care, just as they tend to put off expenditures for other necessities. This general trend has been noticed to some extent in this community according to (your name), superintendent of (name of hospital) Hospital, in a statement yesterday.

"Our hospital in recent months has noted that a number of patients have delayed hospital and medical care almost to the danger point," said (your name). "As a result, the doctor and the hospital personnel must use heroic efforts and the patient himself must stay in the hospital longer and be more careful during convalescence. We understand that in some of the larger cities there have been a few instances of deaths occurring within a few hours after admission to the hospital simply because the patient had failed to obtain medical care until his condition was hopeless. We want to bring this fact to public attention so as to warn anyone in this community who may unwittingly be allowing some condition now easily corrected to become serious or even incurable. The services of a doctor should be obtained at the first indication that an illness is becoming serious, and if the doctor recommends that the patient come to the hospital, this should be done at once."

According to (your name) reports

from a number of recent meetings of hospital executives indicate that in every locality represented there has been an alarming increase in the number of patients admitted in such a serious condition that deaths have resulted, most of them due to conditions that doctors and hospitals undoubtedly could have corrected had the patients come two or three days earlier.

Progressive Hospital Is Health School

(For week of June 6)

June means graduation time for boys and girls and young men and women and it calls to mind the important work the educational institutions of the country are doing. Many people do not realize that every worthwhile hospital is an educational institution, its principal subject being health work. Most medical graduates spend a year in a hospital after leaving medical school in order to get a practical knowledge of modern medicine, and in some 1,900 hospitals there are about 20,000 nurses now completing the three year course which brings them coveted cap and diploma. A number of other types of health workers also are trained in hospitals.

——— Hospital, like many other institutions, is a factor in health education because it is constantly striving, through its staff physicians, to help patients learn the reasons for their illness and to teach them to avoid activities or conditions which may cause a recurrence of the disease.

So June brings the vacation period for the smaller children and heralds "commencement time" for students in secondary schools and colleges, it also serves to remind the public that hospitals are important health educational institutions as well as establishments for the treatment of the sick and injured.

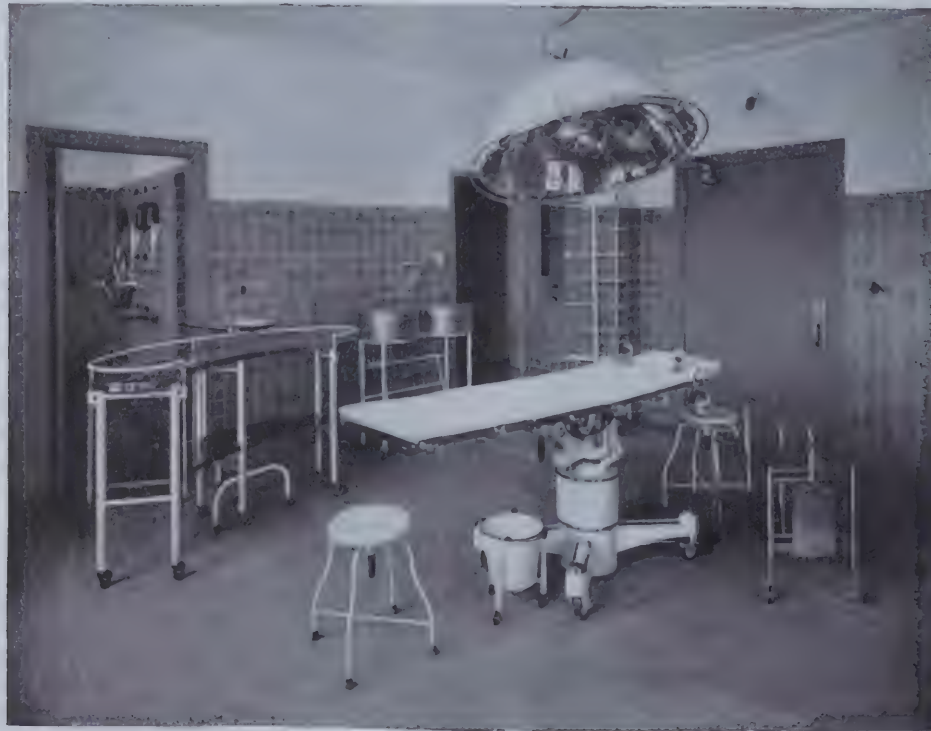
(If your hospital has a school of nursing, add the following:)

The school of nursing of ——— Hospital this year will confer diplomas on ——— members of the senior class. This class brings the total graduates of the school to ———. These graduates, as may be imagined, constitute a powerful force for good health in the various communities in which they live.

AIDS 36 CHILDREN

On April 7 the Sterling, Ill., Public Hospital admitted 36 school children for the removal of tonsils and adenoids free of charge. This work took the place of the program planned for Hospital Day.

Glimpses Into New Building Of Norton Memorial Infirmary



At the top is a view of main kitchen. In center is one of the major operating room, and below are a typical private room and a four-bed ward with fixed partition.

Y-Shape or T-Shape? Here's Why Y Plan Was Chosen

Exasperating Difficulties Faced in Building New Unit of Norton Memorial Infirmary on Site Already Well Occupied With Buildings That Had to "Carry On"

By ALICE M. GAGGS, R. N.

Superintendent, Norton Memorial Infirmary, Louisville, Ky.

IN January, this year, the new 100-bed hospital building of the John N. Norton Memorial Infirmary was opened to the public. The John N. Norton Memorial is one of the oldest hospitals in the city, the original building having been erected in 1882. Since then various additions were built, the latest in 1901.

The present project resulted from years of study on the part of the hospital trustees, the late Frank E. Chapman, consultant, and D. X. Murphy & Bro., architects. At first the purchase of a new site was considered, but the present location, near the business section of the city and close to several transportation lines, was almost ideal for an acute general hospital. So it was decided to retain it.

The problem thus presented to the building committee, consultant and architects was to construct a 100-bed hospital building on a site already well occupied by buildings, with permission to remove portions of the buildings already in place to make room for the new one, and with permission to remove other portions only after the new building was completed. In this way the hospital could continue to operate throughout the entire period of construction.

The solution of the problem was found in an unsymmetrical inverted Y plan, the arms outspread to the south, giving just sufficient area (not obtainable with a T-shape) for the 100 beds and nursing services, and the vertical leg extension to the north housing the other services of the hospital. The vertical leg was placed off center to avoid wrecking, until later, a wing of the old building which contained the kitchen.

During its development the inverted Y plan presented many possibilities for refined planning, as well as many exasperating and almost insurmountable obstacles. In the early stages of the plan it was decided to place all patients' rooms in the out-

spread arms of the Y, the majority facing south, making this part of the plan typical from the second floor up, and building just as many floors at twenty-five beds per floor as the funds would permit. The first floor under the patients' room was assigned to administration, the chapel, and interns' quarters. The leg of the Y was made inaccessible to the public and each floor given over to a department whose functions required strict supervision and, in most cases, privacy. Thus on the first floor is placed the kitchen department; on the second, the dining rooms; on the third floor, maternity department; on the fourth, the X-ray rooms and laboratory; on the fifth, the operating department. The basement houses the necessary storerooms, shops, help's lockers and toilets, and various items of mechanical equipment.

The new building is connected to the remainder of the old building by a tunnel below grade and by a bridge at the fifth floor which con-

nects with the fourth floor of the old building.

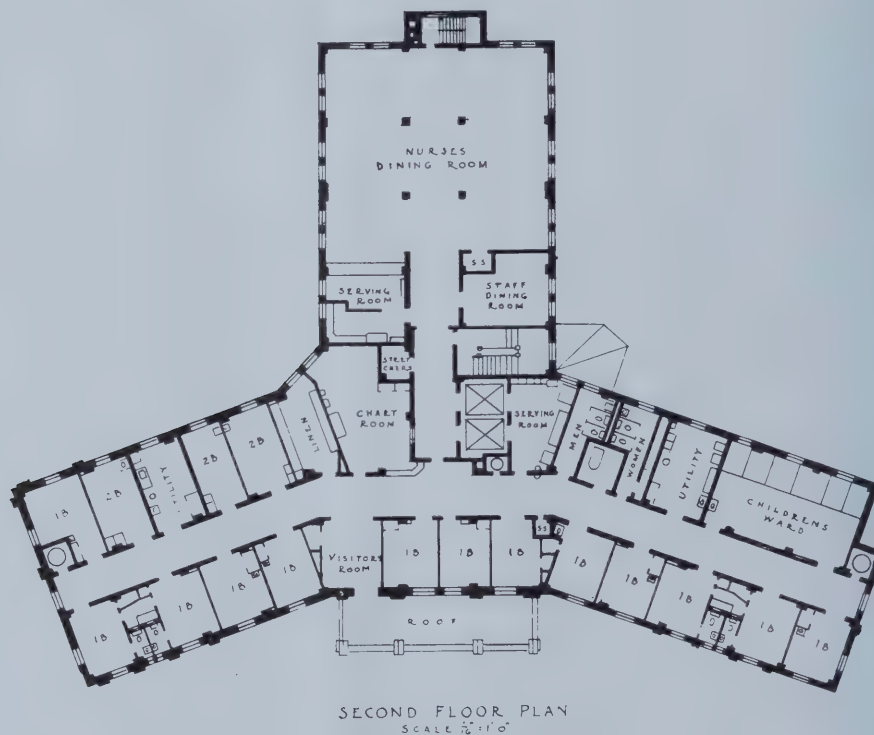
The laundry and boiler house, in another building, has been remodeled and the equipment modernized and brought up to the capacity required by the additional load. The remaining part of the old building has been remodeled, the first floor housing a cancer clinic, isolation department, autopsy room and storerooms; the second floor, superintendent and housekeeper's quarters, special nurses' locker and rest rooms, mechano-therapy department, and the clean linen room which adjoins the laundry; the third and fourth floors, ward patients and the necessary nursing facilities.

SPECIAL FEATURES OF THE PLAN

Placing all patients' rooms in the front portion of the building in four equal nursing units, one on each of the four upper floors, has produced a building which can be used with the greatest efficiency. Any part of the building can be reached from any other part with the expenditure



"The solution of the problem was found in an unsymmetrical inverted Y plan, the arms outspread to the South."



of a minimum of time and effort. Moreover, the system of piping in this part of the building is very simple and economical.

Control of visitors and patients is easy and complete since the nurses' station commands a view the full length of corridors of both arms of the Y, also of the elevator and stair corridor.

Food distribution is simple, the food carts entering the elevators from the rear and discharging directly into the serving rooms on each floor.

Because of the nature of the hos-

pital and because of lack of space, only two private bath suites were installed on each floor. A look at the plan, however, will reveal that four rooms on each floor have private toilets and two of these four have private baths in addition.

Utility rooms are located midway along the arms of the Y.

Incidentally, the utility and serving rooms and corridors have ceilings treated with a sound absorbing material, reducing irritating noises to a minimum.

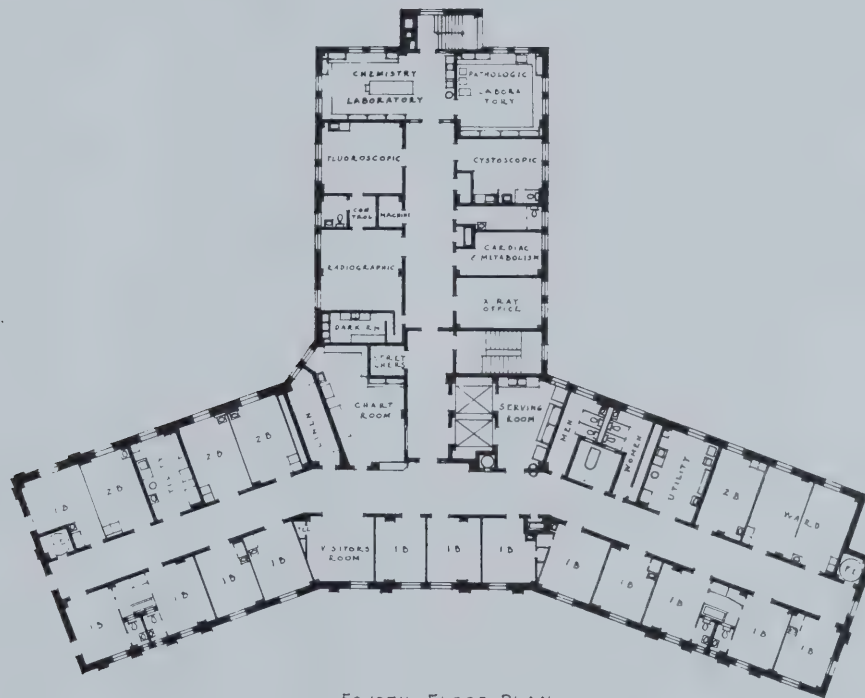
The arrangement of the maternity

department on the third floor has received favorable comment. The department is closed off entirely from the rest of the floor. Visitors may view the nursery through windows in the public corridor but are deterred from entering by the cross corridor partition.

One sterilizer and one scrub-up room serve two delivery rooms, an arrangement considered ample for any emergency. The labor room is located at the extreme rear of the building. A workroom is also provided in this department, but gen-



THIRD FLOOR PLAN
SCALE $\frac{1}{16}'' = 1'-0''$



FOURTH FLOOR PLAN
SCALE $\frac{1}{16}'' = 1'-0''$

eral sterilizing is done in the central sterilizing room on the fifth floor. A doctors' cloak room and bath, with ample space for a couch, is placed near the entrance to the department.

On the fourth floor we find the diagnostic X-ray department and laboratories. (A deep therapy machine is on the first floor of the old building in connection with the cancer clinic previously mentioned.)

On the fifth floor is the operating department consisting of four operating rooms, work room, doctors' cloak room and, of course, sterilizing

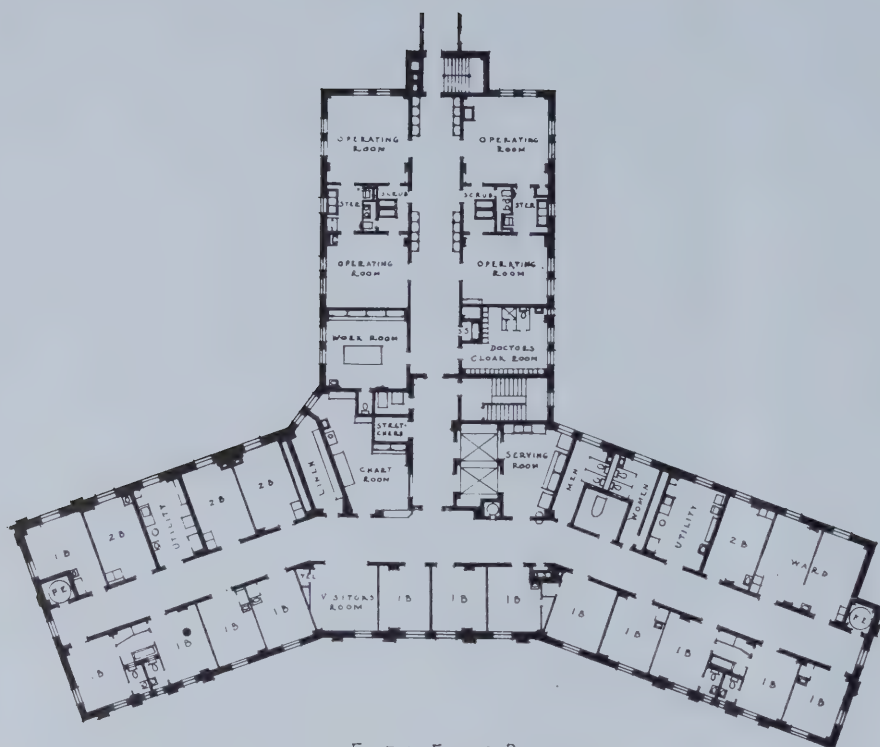
and scrub-up rooms. By arranging the operating rooms in suites, one sterilizer room and one scrub-up room serve two operating rooms. General sterilizing is done in the work room, a small closet housing the sterilizers.

MATERIALS AND DETAILS

The new building is fireproof throughout, being constructed with a skeleton steel frame, brick exterior walls with stone trim, and floor structure of concrete slabs. For the long spans concrete was used with gypsum tile fillers, a system which

is not only economical but which prevents the transmission of all but exceptionally loud noises through the floors.

Windows are all steel casements, the upper sections hinged at sides to swing out, the lower section hinged at bottom to swing in. The windows are so manufactured that they may be opened, closed and locked without moving insect screens which are attached directly to the frame. Another advantage of this type window is that all parts may be washed from within the building.



FIFTH FLOOR PLAN
SCALE 1/2" = 1'-0"

Floors of all patients' rooms and corridors are of rubber with base and borders of terrazzo. Wherever there is cart traffic and wherever furniture is likely to be set against the walls, the terrazzo base is especially designed to project three inches beyond the walls, thus preventing the scratching and clipping of plaster due to rough handling of equipment.

Floors in utility, serving, and chart rooms and in the operating and maternity departments are terrazzo. In operating and delivery rooms the floors are divided into six-inch squares by brass dividing strips which are all electrically connected and grounded to prevent any static discharge from persons or equipment during an operation. This was deemed advisable as a protective measure.

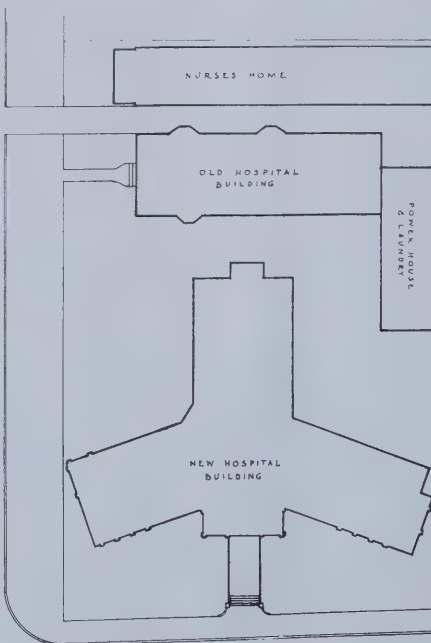
Floors in kitchen department and in laboratories are of red quarry tile.

In general, all interior doors are sanitary flush doors of oak, natural finish. No transoms were used, thus eliminating a considerable maintenance cost which always attends this feature of doubtful utility. Instead of transoms, dwarf doors are installed for all patients' rooms. These doors, about half as high as an ordinary door, are hinged midway of the height of the frame of the room door and swing out into the corridor. Thus the room door may be left open under nearly all conditions and yet the patient will be screened from view from the corridor and the open spaces above and

below the dwarf door permit the passage of air.

Tile wainscot is used extensively in utility, serving, operating, delivery, sterilizing, and scrub-up rooms, also in toilets and baths. Wainscot in operating rooms is generally a light green which harmonizes with the terrazzo floor of a slightly darker green, producing a pleasing effect.

An acoustic tile is used on the ceilings, not only of corridors and service rooms, but also in some of



This layout of site shows positions of old building, power plant and nurses' home.

the patients' rooms, and in the baby ward and other portions of the maternity department.

The completed new building represents the solution of a very unusual problem in planning and design. It shows what can be done on a small site already well covered by hospital buildings. Possibly it will serve to stimulate other hospital boards who wish to build modern plants but hesitate to abandon locations with which their names are linked by tradition.

How Fast Is Money Spent by Board?

Jane Van de Vrede, Atlanta, vice-president of the American Nurses' Association, and secretary, Georgia Nurses' Association, recently told how members of the board of a small hospital in a rural section were impressed with one phase of their responsibilities. The board members did not think it necessary to attend board meetings, hence absentees were numerous, and those who did come hastened through the business as quickly as possible. Miss Van de Vrede asked one of the board members how long the average board session lasted and was told that it probably lasted for half an hour. "That would make about six hours for the twelve monthly meetings," answered Miss Van de Vrede, "and in this short period the board authorizes or approves the total expenditures of the hospital. Isn't that spending money rather quickly?" Apparently it was agreed that half hour meetings were not exactly fulfilling the duties of a trustee, according to Miss Van de Vrede, for after that there was both larger attendance and greater interest in what the hospital was doing.

TWENTY EMERGENCY CASES

Three hospitals of Cleveland recently made a study of the cost of service to 20 consecutive emergency cases, comparing this cost with what the charges would have been had the patients been charged the daily per capita cost of the previous year. A. A. Kitterer, superintendent, Evangelical Deaconess Hospital, who compiled the report, pointed out that the picture might be entirely different if a more extensive study had been made. The cases studied indicated that the ward rate plus extras is more advantageous to the hospitals than per capita cost multiplied by the days' stay of the patients. The figures reported follow:

	Hospitals		
	A	B	C
Days	181½	211½	203½
Per capita cost...	\$ 5.94	\$ 5.18	\$ 6.21
Cost of service...	1,078.11	1,095.57	1,263.73
Ward rate, extras	1,096.50	1,395.31	1,382.85
Loss or gain over cost	18.39	299.74	119.12

"Attention, Class! We Will Now Proceed With the Final Test!"

Which Ten of These 12 Questions Would You Choose in an Examination for Students in Hospital Administration, and How Would You Answer Them? Why Not Send in Your Answers?

THE following are twelve questions which were submitted to a class of graduate nurses who recently completed a post-graduate course in hospital administration under Dr. M. T. MacEachern, American College of Surgeons, at the Cook County School of Nursing, Chicago.

Dr. MacEachern has been conducting this class each winter for several years, as a part of the elective course of nurses in the various post-graduate departments of the school.

In view of the interests in courses in hospital administration, the questions are published herewith and readers are invited to submit answers, if they wish.

"All questions were submitted as of equal value," explained Dr. MacEachern, "and the students were given the privilege of selecting any ten questions."

The questions follow:

1. State, in order of importance, the chief qualifications of a good hospital superintendent.
2. Indicate what should be the relations between:
 - (a) The superintendent and the governing body or board of trustees;
 - (b) The medical staff and the governing body or board of trustees.
3. What is a desirable procedure to follow in extending privileges to doctors to work in a hospital?
4. Describe the various steps to be taken in setting up a good case record system in a hospital.
5. State the chief purpose of the staff conference. Outline the agenda or program for such a meeting.
6. What is meant by: operating income; operating expense? Illustrate each.
7. How would you determine:
 - (a) The daily patients' census;
 - (b) The per capita cost;
 - (c) The total number of hospital days' treatment.
8. What are the main sources of revenue or income for hospitals?

How would you answer these questions, if you were a student in hospital administration?

You may choose any ten of the twelve.

These questions actually were submitted by Dr. MacEachern to a group of post-graduate nurses as representative of some of the information a well-informed hospital administrator should have.

Readers are invited to send their answers to "Hospital Management" for consideration.

9. Describe how you would set up a good business department in a hospital.
10. What are the five chief requirements of the American College of Surgeons for approval of a hospital?
11. As a hospital superintendent what would you do to keep abreast with the modern advances in hospital administration?
12. Describe your first day as superintendent of a hospital.

Looking Into Hospital of 25 Years From Now

By Asa S. Bacon

Superintendent, Presbyterian Hospital, Chicago.

(From a talk given at a meeting of the post-graduate class in hospital administration, Presbyterian Hospital, March 19, 1932. This class, 75 in number, is under the direction of Dr. Malcolm MacEachern.)

I wish to call your special attention to an air-conditioning cabinet in the Bacon room No. 257. In building new hospitals and remodeling the

old, we can insulate the building so as to keep out the cold in winter and the heat in summer. We can use sound absorbing material to subdue inside noises, but up to the present time, our window construction will not shut out outside noises. With this cabinet that we have been experimenting with for nearly a year, we take the air from the outside, clean, humidify, and heat it to the proper temperature in winter, and cool it in summer. It is automatic, thus maintaining the temperature desired without continually regulating it by hand. The window is nailed shut; the steam radiator has been removed. The cabinet being about the size of a radio can be set in any part of the room so long as it is connected with an air shaft, or preferably with the outside air.

With a cabinet such as this, the windows are of no use except for light and vision; therefore they can be bricked up with hollow square glass tiles, or closed with double glass with an air space between to eliminate outside noises. By so closing the windows, we eliminate outside noises, dust-laden air, mosquitoes, flies, screens, electric fans, all danger of patient's jumping out, and reduce the expense for cleaning rooms, curtains, drapes, and the wear and tear of fabrics at least 50 per cent. We can have Colorado or Arizona weather, in fact any temperature in our rooms we may desire. Last September when outside temperature was 96 this room was cool and fresh with the window nailed down. The temperature was reduced to 60. Hay fever and asthma patients get almost immediate relief.

I am going to prophesy that within a few years—certainly within twenty-five years—power plants will be unnecessary. With electricity cheap enough, we can heat, cool and air condition our buildings with these cabinets. Electricity will run our machinery, pumps, sterilizers, etc. If a room cabinet needs repairs, the engineer will remove it and plug in an-

other just as we do with a radio. Every room in a hospital could be just the temperature the occupant wishes it to be, without in any way interfering with the temperature of another room.

Widespread Interest In Training Courses

A number of comments and questions have been received by HOSPITAL MANAGEMENT following the publication of a review of papers and activities of the American Hospital Association dealing with the training of hospital executives over a period of 22 years. This article was published last month. Prior to that, when the suggestion was made that some method of registering or of otherwise identifying superintendents should be developed, there was a similar indication of interest.

It is significant to note that there are a number of men and women who have shown interest in discussion of courses who insist that the first need

is for a course to help those now in the field. The limitations of these people, as far as time and expenses, were stressed as being of considerable importance in shaping the course. Those who commented on this matter also invariably pointed out that they would not be in a position to take advantage of a university course and that they doubted the practicability of establishing such a course at this time.

As stated above, HOSPITAL MANAGEMENT is publishing the 12 questions which were submitted for a final examination of a class in hospital administration to learn whether or not such questions would be of interest to very many in the field.

Here is a chance for those who are interested in any phase of a proposed course to show that there really is considerable interest and a strong desire on the part of many to see such a course in operation.

Those interested in this subject ought to indicate this interest by commenting on the questions or sending in their answers.

Some Thoughts on Type of Course Hospital Executives Would Like

OUTLINES PRACTICAL COURSE

Editor HOSPITAL MANAGEMENT: Your article on training executives is of particular interest to me because I should like very much to take advantage of any practical course which might be established.

My personal point of view is that of a man who, after considerable business experience, has been in the hospital field less than two years. Recognizing the unusual possibilities in this field and the apparent need for capable administrators, I have been searching for some practical method to enable me to best adapt my previous business experience to hospital administration. However, the type of course which I had hoped to find would, I believe, be equally helpful to almost any potential hospital administrator, regardless of his or her previous training.

If it is the intention and desire of the sponsors of this movement to establish a course that will primarily benefit that group of men and women now in the field and, at the same time, one that will be within reach of practically all these people, then the university course carrying a degree must be held in reserve for future consideration.

In order to recruit a sufficient number of working executives to justify giving a course, there are two chief points to be considered: first, the length of time a person would have to be absent from his present position, and second, the cost of the course. The latter must be considered not so much from the standpoint of tuition as from the loss of income if a pro-

longed leave of absence were necessary.

My thought would be the development of a preliminary home study course to build up a thorough theoretical background. This should be followed by an examination and those qualifying should then have the opportunity of proceeding with a short, intensive, well organized course at some large hospital. This latter stage of the training might require from one to three months, depending on the ability of the individual. A final examination could then be given and those meeting the standard would receive a certificate and be registered at some central bureau, possibly their state hospital association.

If it seemed desirable, this plan could be used for two separate courses. The first course would qualify the student for a superintendency in hospitals up to 100-bed capacity, while the second course, which would require a longer period to complete, would fit him for larger hospitals.

The course should be sufficiently comprehensive to command respect in hospital circles. The subject matter should be laid out by an experienced group of hospital administrators and educators. Frank Chapman's book, "Hospital Organization and Operation," which has proved very helpful to me, might serve admirably as an outline on which to base this course.

The subjects included would have to be covered thoroughly enough to enable the student to analyze the different departments in his hospital and to remedy those now functioning efficiently, but not as

thoroughly as though the student expected to specialize in any one branch.

I believe the home study portion of the course could best be handled through colleges or universities in various sections of the country, under the general supervision of the American Hospital Association to insure a uniformity in the course that would give the graduate recognized standing in any state.

This procedure might also prove the first step toward the solution of the much-discussed problem of registering or licensing hospital superintendents. Of course, some plan would have to be evolved whereby those properly equipped superintendents now in the field could be registered without actually taking the standard course. Once this were accomplished, I believe that boards of trustees would welcome the opportunity of making appointments from properly qualified registrants, and this would virtually compel those desiring to hold positions as superintendents to qualify for registration.

In any event, there seems to be an urgent need for a practical course in hospital administration within the reach of those now in the field who desire to increase their value to their institutions or to advance in the profession.

R. F. HOSFORD,
Business Manager, Bradford Hospital,
Bradford, Pa.

ABOUT TRAINING COURSE

Editor HOSPITAL MANAGEMENT: About that "training course."

In the past two years I have made attempts to spend my vacation—all or part—at another hospital in order that I might see how that hospital "does its job." Sorry to say, my efforts did not bring success.

Something can be learned by every hospital superintendent from another hospital executive. All of us occupying the "chair" set aside for the hospital superintendent need to know how things are being done in other institutions.

How can we learn out of books?

A housewife may have a good recipe for a cake, but can she make it without doing it herself?

Since I have been unable thus far to find another hospital executive willing to put up with me for a few days, I write many letters to presidents of hospital boards, the superintendents, and other executives in the hospital field, asking their advice and experience. At first it was hard to get replies, but since the depression hit everybody, I have had an answer within a short time. Guess these days keep the "boss" at the office more and my letters get attention.

If a course is given, it must be along business principles, maintenance, collection of accounts, that particularly apply to hospitals.

It is my opinion executives for the future must be trained by hospital executives and not through university classes.

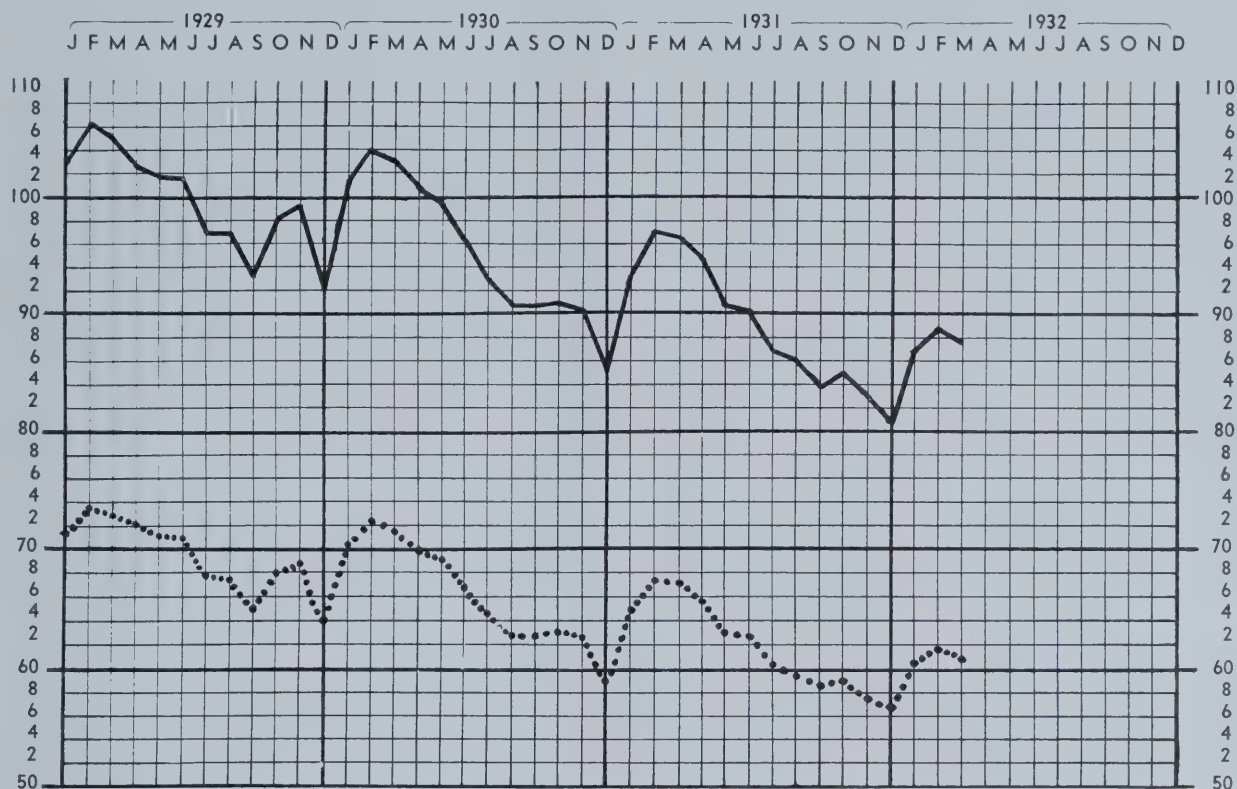
GEORGE D. BURRIS,
Superintendent, Christian Welfare
Hospital, East St. Louis, Ill.

NURSING COURSE

A course in nursing education is announced at the Catholic University, Washington, D. C., June 24 to August 4. Nursing supervision in hospitals, ward management, curriculum construction for nursing education, mental hygiene and nursing and organization and administration of nursing schools are some of the subjects listed for the course.

HOW'S BUSINESS?

A composite picture of the percentage of occupancy in 91 general hospitals located in 87 communities in 35 states, corrected for normal growth.



This form for the "How's Business" chart was suggested by R. N. Brough, whose letter appears on page 17. The heavy line represents hospital occupancy, using as 100 per cent the average occupancy for the year 1929. The broken line represents actual occupancy. Thus, while actual occupancy for March, 1932, is about 61 per cent, the hospitals participating in this study are only about 12 per cent under the average occupancy of 1929.

Here Are Figures From Which Occupancy Chart Was Constructed

THE following figures are the basis of the hospital occupancy chart reproduced at the top of this page. These figures were supplied by 91 non-municipal hospitals in 87 communities of 35 states, with a basic bed capacity of 16,922.

The first group of figures represents actual number of beds occupied; the second group, receipts from patients; the third, operating expenses of the hospitals for each month since the "How's Business" graphs were begun, and the fourth, occupancy, using 100 per cent as the base.

TOTAL DAILY AVERAGE PATIENT CENSUS	
November, 1928	11,533
December, 1928	11,040
January, 1929	11,919
February, 1929	12,335
March, 1929	12,253
April, 1929	12,114

May, 1929	11,981
June, 1929	12,025
July, 1929	11,473
August, 1929	11,548
September, 1929	11,157
October, 1929	11,590
November, 1929	11,736
December, 1929	10,977
January, 1930	12,048
February, 1930	12,425
March, 1930	12,408
April, 1930	12,128
May, 1930	12,044
June, 1930	11,601
July, 1930	11,290
August, 1930	10,997
September, 1930	11,015
October, 1930	11,086
November, 1930	11,005
December, 1930	10,524
January, 1931	11,510
February, 1931	11,991
March, 1931	11,970
April, 1931	11,669
May, 1931	11,251
June, 1931	11,187
July, 1931	10,765
August, 1931	10,657
September, 1931	10,409
October, 1931	10,499
November, 1931	10,266
December, 1931	10,145

January, 1932	10,758
February, 1932	11,038
March, 1932	10,888

RECEIPTS FROM PATIENTS	
November, 1928	\$1,678,735.00
December, 1928	1,736,302.86
January, 1929	1,795,843.79
February, 1929	1,776,040.82
March, 1929	2,024,823.11
April, 1929	1,929,175.70
May, 1929	1,920,982.43
June, 1929	1,874,173.11
July, 1929	1,846,899.32
August, 1929	1,867,706.24
September, 1929	1,772,230.39
October, 1929	1,828,051.39
November, 1929	1,786,036.71
December, 1929	1,737,404.65
January, 1930	1,840,418.05
February, 1930	1,799,080.00
March, 1930	2,003,309.58
April, 1930	1,927,493.30
May, 1930	1,921,523.05
June, 1930	1,817,813.00
July, 1930	1,803,315.00
August, 1930	1,719,634.00
September, 1930	1,700,314.00
October, 1930	1,741,017.00
November, 1930	1,640,374.00
December, 1930	1,687,813.00
January, 1931	1,771,812.00
February, 1931	1,720,474.00
March, 1931	1,881,003.00
April, 1931	1,831,228.00
May, 1931	1,815,096.00
June, 1931	1,743,189.00
July, 1931	1,698,277.00
August, 1931	1,598,869.00
September, 1931	1,555,436.00
October, 1931	1,583,005.00

(Continued on page 54)

HOSPITAL MANAGEMENT

A Practical Journal of Administration

Published on the Fifteenth of Every Month by

CRAIN PUBLISHING COMPANY

(Not Incorporated)

537 SOUTH DEARBORN STREET, CHICAGO

Telephones—HARRISON 75047505

NEW YORK OFFICE, GRAYBAR BUILDING

Telephone—LEXINGTON 1572

Vol. XXXIII

MAY 15, 1932

No. 5

G. D. CRAIN, JR.
President.

KENNETH C. CRAIN.
General Manager.

MATTHEW O. FOLEY, Editorial Director.

THE EDITORIAL BOARD

ASA S. BACON, superintendent, Presbyterian Hospital, Chicago.

CLARENCE H. BAUM, superintendent, Lake View Hospital, Danville, Ill.

P. W. BHRRENS, superintendent, Williamsport Hospital, Williamsport, Pennsylvania.

H. E. BISHOP, superintendent, Packer Hospital, Sayre, Pa.

EDGAR A. BOCKOCK, M. D., superintendent, Gallinger Municipal Hospital, Washington, D. C.

FRED S. CLINTON, M. D., F. A. C. S., honorary life president, The Oklahoma Hospital Assn., Tulsa.

E. R. CREW, M. D., superintendent, Miami Valley Hospital, Dayton, O.

C. J. CUMMINGS, superintendent, Tacoma General Hospital, Tacoma, Washington.

N. E. DAVIS, corresponding secretary, Methodist Board of Hospitals and Homes, Columbus, O.

PAUL H. FESLER, superintendent, Wesley Memorial Hospital, Chicago.

REV. H. L. FRITSCHER, superintendent, Milwaukee Hospital, Milwaukee, Wis.

ALICE M. GAGGS, R. N., superintendent, Norton Memorial Infirmary, Louisville, Ky.

MISS HARRIET S. HARTRY, superintendent, St. Barnabas Hospital, Minneapolis, Minn.

M. T. MACEachern, M. D., associate director, American College of Surgeons, Chicago.

MRS. MARGARET D. MARLOWE, chief dietitian, Methodist Episcopal Hospital, Indianapolis.

ELMER E. MATTHEWS, superintendent, Wilkes-Barre City Hospital, Wilkes-Barre, Pa.

A. J. McRAE, M. D., Miami, Fla.

T. T. MURRAY, superintendent, Memorial Hospital, Albany, N. Y.

ROBERT E. NEFF, superintendent, University of Iowa Hospitals, Iowa City.

GEORGE O'HANLON, M. D., general medical superintendent, Jersey City Hospital, Jersey City, N. J.

JOHN H. OLSEN, superintendent, Richmond Memorial Hospital, Prince Bay, N. Y.

C. S. PITCHER, superintendent, Presbyterian Hospital, Philadelphia, Pa.

W. W. RAWSON, superintendent, Thomas D. Dee Memorial Hospital, Ogden, Utah.

B. A. WILKES, Hollywood, Calif.

C. S. WOODS, M. D., superintendent, St. Luke's Hospital, Cleveland, O.

"As a device merely to avoid hospital construction, the proposed legislation would not involve a saving for the federal government."

The foregoing excerpts from the report indicate what the Fund has found, and these findings undoubtedly will be used to oppose efforts of the American Hospital Association by those who prefer the present method of caring for veterans.

These findings are of the greatest concern to all connected with civil hospitals, for if, as the report says, it is more economical for the government to furnish its own hospital service, the government may be encouraged further to expand its activities in the hospital field and thus further restrict efforts of civil hospitals. Another possible effect of the publication of this report is that the public may consider it as proof of the contention of so many people that civil hospital charges are unreasonable. The report also will tend to discourage other agencies, such as American Legion posts and newspapers, which in recent months have shown sympathy with the American Hospital Association plan.

It also must be borne in mind that the American Hospital Association has stated that it believes "that our veterans can be hospitalized in our non-government institutions at no greater cost to the government and probably less than it is paying at present, and without the necessity of spending additional millions in new hospital construction."

Those hospital administrators who have been deeply interested in Mr. Fesler's efforts to bring about a change in the law that will permit the government to utilize acceptable civil hospital beds for certain veteran patients will be glad to know that the A. H. A. president is continuing this campaign and that he is carrying his message and making a report of the result of efforts thus far to other hospital groups. He already has addressed many state and sectional conventions. Mr. Fesler's clear-cut presentation of the problem as it affects the care of veterans has won close attention and sympathy, not only in the form of resolutions of various associations, but in the form of personal assurances of interest from many superintendents.

Just what effect this independent report will have remains to be seen.

So, without doubt, this study and report of the Julius Rosenwald Fund is a matter of considerable importance to the hospital field.

At best it is not helpful either in aiding the progress of the plan which the American Hospital Association is advocating, or in helping those hospital superintendents who are trying to combat the impression that hospitals are not economically managed.

A Report of Considerable Importance to Civil Hospitals

Hospital administrators who have been watching the efforts of the American Hospital Association president, Paul H. Fesler, to obtain support for a change in the law to permit hospitalization of certain types of veteran patients in civil hospitals, will be interested in a report recently presented by the Julius Rosenwald Fund which seriously questions this program from the standpoint of economy and practicability.

"Such legislation could not be supported as an economy measure."

"The proposed legislation would probably not increase the occupancy of nonfederal hospitals by more than a small percentage."

"Hospitals Make \$16,000,000 A Year on Student Nurses"

"The keynote was 'close the school.' A speaker said hospitals make \$16,000,000 a year on student nurses without even saying 'thank you.' Hospitals are racketeers in nursing. Nine-tenths of the schools must be closed. It was suggested that a national campaign be instituted for closing schools of nursing."

The above represents a few notes and impressions of one visitor to the recent biennial convention of the national nursing associations. These impressions, of course, were those of an individual, and it is to be hoped that the ideas do not represent the attitude of the associations, or that the nursing bodies think all hospitals are profiteers and racketeers.

That such ideas should be disseminated by the nursing

organizations is unbelievable, for the simple reason that many members of the nursing associations are superintendents of hospitals and directors or personnel of nursing schools.

But such ideas are being carried back to the public and they do not tend to build confidence in hospitals or in any activity intimately connected with hospitals. Furthermore, such charges and criticisms will not tend to make hospital superintendents more friendly toward the goals of the nursing associations, or tend to improve relations between the nursing department and the hospital administration.

In connection with the foregoing remarks it is interesting to recall that seven years ago the nursing section of the American Hospital Association, the program for which was arranged by nursing leaders, featured such subjects as how to attract candidates to rural schools of nursing, and that for many years the term "nursing shortage" was regularly heard. Eight years ago a nursing school director argued that the hospital administration and board should aid in recruiting students rather than leave this matter to the nursing director alone. And at several nursing sections comments were invited by a representative of an organization with a paid worker whose principal task was to encourage admissions to nursing schools.

Instead of making charges and instead of furnishing ammunition for those in both fields who may be a little over-zealous in their efforts to advance certain ideas, a much better way of reaching an agreement on any subjects of direct interest to hospitals and nurses might be for an informal conference of official representatives of the different organizations.

"Help Yourself" First Rule In Improving Finances

Five or six suggestions for improving the financial status of hospitals were voiced at a recent meeting and it was interesting to note that none of them was what might be called an "active" idea. In other words, the suggestions dealt with legislation for compulsory payment for certain types of service, tax support, and so on, and each idea conveyed the thought that outside groups or agencies ought to solve the hospitals' problems.

It was significant that nobody offered further suggestions, an obvious one, of course, being that the hospital collection program be frequently checked up. Perhaps those at the discussion took it for granted that the suggestions offered were in addition to the efforts every hospital should carry on, but any persons outside the field who were present could not be blamed for getting the idea that the hospitals were content to throw their financial burdens on others and to drift along without very much effort to help themselves.

If this impression were gained, it, of course, was quite erroneous, for most of the hospitals are in existence today simply because their administrations have fought a constant battle to collect from patients who agreed to pay and who were able to pay. Now more than ever must careful scrutiny of admissions be made and careful understandings be reached with patients or their representatives as to arrangements for payment. Even with constant and intelligent effort in this direction, many hospitals must have support in the form of legislation and tax funds, but every worth-while superintendent will insist that the first effort in improving the financial condition of the hospital and in endeavoring to meet

operating expenses must come from the hospital itself in the form of careful scrutiny of the financial ability of patients and especially in the insistence that those able to pay for their care do so.

To these superintendents the series of articles beginning in this issue on methods and details of successful collection programs will be especially welcome. Incidentally, questions and comments relating to these articles or to the general question of hospital collections will be welcomed.

How Many of Your Patients Go to Another Hospital?

A short time ago a hospital superintendent welcomed a visitor from out of town, a person familiar with hospital practices, and the superintendent was anxious to have the guest understand just how conditions were in that community. Anyone listening to the conversation would have felt that "the other hospital" in that town dictated many of the practices of the institution in which the conversation took place. Almost every sentence of the superintendent, it seemed, mentioned "the other hospital."

Apparently all of the doctors were on the staffs of both institutions and so there was real competition for patronage of the public. "The other hospital," which was just about as large as the one in question, seemed to be enjoying more patronage than the superintendent felt was fair, especially since it was housed in an older building. But judging from the conversation, the person in charge of that other institution was alive to the necessity of pleasing doctors and patients, for there was reference to the fact that "the other hospital" had refurnished a number of rooms, had installed cubicles in a large ward, and had put acoustical materials in several areas from which a considerable amount of noise formerly came. The superintendent explained that she knew all these things because the doctors, who patronized both hospitals, had told her. Some of the doctors even explained that they would have liked to bring certain patients to this hospital, but the patients had insisted on going to "the other hospital," and what else was the doctor to do?

From the conversation it was evident that the superintendent of "the other hospital" was alive to the necessity of catering to the public, because with the doctors having privileges in each hospital, the patient frequently decided which hospital would be patronized. Of course, the superintendent also knew that the doctor's voice was important, and the comfort and convenience as well as the professional needs of the staff members were met.

In hundreds of communities there undoubtedly are two hospitals somewhat in a similar position to the two about which this is written. These hospitals draw from the same public and cater to the same doctors. Greater patronage will go to the hospital in such communities which will keep its plant up to date, from the standpoint of the patient's comfort and convenience, as well as service to the doctor. And the hospital which does that is the hospital that frequently will get patients who under different circumstances might prefer the other hospital.

All of this suggests that hospitals will find that improvements in equipment and in departments and furnishings will pay in even greater proportion today than in the past, and there are many hospitals which can testify to the value of modernizing of interior and equipment in past years.

Why Not a Hospital Radio Interview About Your Hospital?

Here Is Text of Interview About Latter Day Saints Hospital, Idaho Falls, Which Shows Type of Information That Conversation Over Ether May Disseminate

ANNOUNCER: Mr. Trayner, I understand you have been superintendent of the L. D. S. Hospital from its opening. Will you tell us something of its inception?

MR. TRAYNER: The idea of the erection of a Latter-Day Saints Hospital in the Upper Snake River Valley is credited to Heber C. Austin. When the idea was presented to the church authorities in Salt Lake, they approved. They agreed upon Idaho Falls as being the geographic center for the hospital to meet the needs of Upper Snake River Valley.

ANNOUNCER: When was work commenced—what was the condition of the country, financially?

MR. TRAYNER: Work was started at the financial peak of 1919. The cornerstone was laid July 1, 1920. When the walls and roof were in place, operations ceased, as a financial depression came on. The building stood for about three years.

ANNOUNCER: When were building operations resumed?

MR. TRAYNER: It was deemed advisable to make a strenuous effort to complete the work to prevent further deterioration of the building. So work was resumed in 1923 and the hospital was opened October 23, 1923.

ANNOUNCER: I understand, Mr. Trayner, there was sentiment in some quarters that you had "over built," that the hospital was too large for the requirements of this Valley. What has been your actual experience?

MR. TRAYNER: Experience has proved the wisdom of the planners. We enjoyed a gradual increase in demand for accommodations. At the end of five years, practically every bit of the hospital's facilities was in use. We have seen the time when every bit of available room was in use.

ANNOUNCER: How much of an investment does the hospital represent and how were the funds raised?

MR. TRAYNER: At opening the investment represented about \$475,000. A little less than three-fourths was contributed from the general church funds in Salt Lake; the rest was raised by popular subscription in this Upper Valley. Perhaps \$70,000 has been spent since then for improvements and betterments.

Many hospitals are located near radio stations and may have access to the station's facilities. In such a case, why not arrange a radio interview, similar to the one reported herewith? Radio interviews are popular, but few have been given about hospital work, so the hospitals that first try to make arrangements for such a "stunt" have a good chance for success. Jacob L. Trayner, superintendent, Latter Day Saints Hospital, Idaho Falls, and the announcer of Station KID, Idaho Falls, participated in this interview, which was sponsored by the Upper Snake River Valley Dairymen's Association. Most of the interview is reproduced herewith.

ANNOUNCER: You conduct a school of nursing in connection with the hospital, do you not?

MR. TRAYNER: Yes. We started with ten young women, and it has grown until the past few years we have an average of 50 pupils. The requirements for admission are: that the young woman be over 18, of good character and morals, in good health, a member of some church, not necessarily Mormon, have four years of high school with certificate. A probationary period of four months is required. Upon acceptance, the pupil is given a cash allowance each month to buy books and uniforms. She receives her room, board, and laundry.

ANNOUNCER: Mr. Trayner, I know of no public educational institution that does so much for its pupils, with the possible exception of the Industrial School at St. Anthony. Is your school maintained by the state or local taxation?

MR. TRAYNER: No, sir. Our school is maintained at the expense of the hospital. In addition to the good work we are doing for the sick, this school is a great asset to this valley. We give young women a special training that fits them to become very valuable members of their communities.

ANNOUNCER: Upon what financial basis was the L. D. S. Hospital organized?

MR. TRAYNER: Our organization is non-profit sharing. No one may receive any dividends from the operation of the hospital; this is specifically set forth in the articles of incorporation. If, however, through the volume of patronage any earnings should accrue above the necessary running expenses, such money must be spent for additions to facilities and equipment. Thus, our patrons who pay their bills are in a sense donating to not only the maintenance and running expenses but are helping to build up a bigger and better institution available to themselves and their dear ones when occasion for such service may arise.

ANNOUNCER: How does your hospital compare with other institutions of its kind in this state?

MR. TRAYNER: Let me explain. Some years ago a number of prominent surgeons got together and determined that the hospitals of that day were being conducted with a great lack of uniformity as to standards. These men organized the American College of Surgeons in Chicago and set up a standard that all hospitals must reach if they wish to be known as standardized hospitals. Such hospitals that can afford the equipment and personnel to measure up to their standards are subject to periodic visits from their representatives, who go thoroughly into the conduct of the institutions to be assured they are maintaining requirements. The L. D. S. Hospital is a standardized hospital. This means more to the patient than many people understand. There are seven other hospitals in this state that meet the requirements. We, however, are the only hospital north of Pocatello in that class.

ANNOUNCER: Standardization means, then, that you must have special expensive equipment, facilities, and specially trained employees for your departments.

MR. TRAYNER: That is true. For instance, in the laboratory we have a full time specially trained technician. Here at his request are made all the investigations and tests he believes will be helpful in arriving at a conclusion as to what is wrong with the patient. Every patient that comes into the hospital is served by this laboratory more or less as the doctor may prescribe. In the matter of food, we have a specially trained woman who assists the doctor in seeing that, according to the sickness, proper food in the right amount is prepared and served. Our X-ray department represents about \$10,000 in equipment. Our physical therapy department has a number of expensive pieces of equipment. We also have a house physician. This man is available

at all hours to follow out the orders of the doctor in his absence. All these advantages, provided by a standardized hospital, are of greater value to a patient than they could be expected to understand, as they have been accustomed to think that a hospital, not approved, is equal to one that is meeting the high standards of the American College of Surgeons.

ANNOUNCER: Well, Mr. Trayner, to provide this expensive equipment and special employes very likely means that you must charge higher rates than the non-standard hospital.

MR. TRAYNER: While our high class service and equipment mean more to the patient, we do not charge any higher rates. Meeting these requirements is our way of trying to provide our patients with the very best. The patient is of first importance. Regarding rates: They run from \$3 to \$5 per day, according to accommodations, for 24-hour care, with services of a floor nurse as needed. Had you ever thought what it would cost to go to a first class hotel, go to bed, have all baths in bed, have all meals brought to the room, and keep bell-boys on the hop in and out for 24 hours?

ANNOUNCER: That statement is interesting, Mr. Trayner. Now, how about doctors who may practice in your hospital; does the standardization program take them into account?

MR. TRAYNER: Indeed, it does. It provides that doctors who practice in our hospital must be graduates of a regular school of medicine, licensed to practice in the state, in good standing in their profession, and members of their state medical society.

ANNOUNCER: How are they admitted to your staff?

MR. TRAYNER: They make application, setting forth their qualifications, are passed upon by certain committees and, if approved, are then enrolled as members of our staff. The staff, at regular intervals, holds meetings to discuss cases. These meetings are a sort of post-graduate course, very beneficial to the physician.

ANNOUNCER: Suppose an ethical doctor who lives at a distance desires to send a patient to the hospital. Would he be permitted to send that patient without being a member of your staff?

MR. TRAYNER: Of course, that patient would be admitted. The doctor, because of distance, is prevented from active participation in staff activities and for that reason may have failed to make application to be enrolled on our staff. In sending his patient away for hospital care he would not be in a position to stay with the patient, but would have to depend on some hospital staff doctor, whom he may choose, to care for the patient in his absence. As all the regular doctors of Idaho Falls are members of our staff, he could, no doubt, find one to continue care of his patient.

ANNOUNCER: Now, Mr. Trayner, one more question, then I'm through. From what you have said, I take it that the Idaho Falls L. D. S. Hospital is not only one of the highest class institutions of its kind in the state, but it is supplying a great need in this Upper Valley in caring for the sick of all creeds and color, and providing opportunity for ambitious young women, regardless of religious affiliation, to secure an education in the commendable profession of graduate nurse.

MR. TRAYNER: That is true, sir! Our hospital is rapidly taking its place as a foremost institution of its kind in eastern Idaho. It is quite generally appreciated.

Helping to Make the Housekeeper's Job a Little Easier

By MACIE N. KNAPP

Superintendent, Brokaw Hospital, Normal, Ill.

IN our hospital all the rooms are painted the same—a restful shade of green. The walls are starched after painting and will stand being washed at least twice before having to be repainted. The woodwork is dark. As new furniture is needed we adhere to a general plan to keep all the rooms of the same price as nearly alike as possible.

I don't know whether many of you have struggled along with an old building and floors that refused to respond for any length of time to scrubbing, varnish or shellac. It was a proud and happy day for us when all our floors were covered with a two-tone gray linoleum. These floors are wet mopped once a day and are a great improvement over the old wooden floors.

I believe the inventory and exchange system is essential to good housekeeping. We should not tolerate the accumulation of supplies that have outworn their usefulness.

We should supply our maids and porters with good tools and a proper place to keep same. Our chemical mops are shaken into a box. The lid is on hinges and can be lifted up, while the handle of the mop fits into a slit into the side of the box which provides for shaking. Incidentally, the slit is padded with rubber, so the procedure is noiseless. These boxes were made by one of the porters and are inexpensive.

We believe that certain phases of hospital housekeeping cannot be detailed to anyone but the nurse and we hold both graduates and students entirely responsible for sick room equipment and for the care of the patients' flowers—since these represent the patients' friends. I have found that making a rigid weekly inspection aside from the regular rounds a very good thing. I post my comments on the bulletin board

—
From a discussion of a paper on housekeeping before tri-state convention, Chicago, 1932.



and there is keen competition between the departments.

We have a central linen room with a maid in charge who does all the mending. Linen is given out by requisition only. Our difficulty is the hiding of linen in dresser drawers. The duty of rescuing it and putting it back in circulation is the duty of the nurse in charge of the floor.

To date and mark our rubber goods we use a silver nitrate stick with which we write on a wet rubber surface. This is then allowed to dry in the sunlight, which brings out a permanent blackness. The fingers of the marker are protected from stain by wrapping the end of the caustic stick with a small piece of adhesive. We mark rubber rings, ice caps, ice collars, hot water bottles, rubber sheets with the name of the hospital and the department to which they belong, which prevents them walking off with acquiring patients or borrowing nurses.

We all spend many hours planning and replanning our hospitals and try to buy carefully the necessary equipment, but sometimes I fear we give too little thought to our personnel. We should select our employes carefully, being just as careful and conservative as if we were buying new equipment. We should consider how useful they will be and the way they will adapt themselves to the situation. We should make sure they are industrious and have a normal intelligence that they will help to maintain our standards, that they are interested, and will be loyal to the institution. Labor turnover is an expensive proposition. We waste money every time we hire and fire. The "floater" who is employed here today and somewhere else tomorrow is always an expense—never an economy.

It behooves every employe, as well as every nurse, to remember that the hospital was not created, nor is it operated, to make positions for any one, but to give the best care to those who are so unfortunate as to be unable to care for themselves. This can only be possible as good sanitary conditions and system and order are maintained at all times by all people employed to provide healthful surroundings and efficient service.

Looking Back Through 25 Years of Hospital Administration

Remarkable Changes and Improvements Have Come to Pass in the Career of This Superintendent; Construction, Equipment and Added Services Loom Up in Important Way

By GEORGE W. WILSON

Superintendent, Toledo Hospital, Toledo, O.

HOW do hospital activities of today compare with those of a quarter of a century ago?

Perhaps a few observations in retrospect by one who has recently completed 25 years' experience in hospital administrative duties may be of interest to readers of HOSPITAL MANAGEMENT, especially those, of whom there are many, who have more recently joined the ranks of hospital workers.

The general public was inclined, during my early connection with hospital activities, to look upon hospital treatment as almost a positive indication that a patient was suffering from a very serious condition, and that admission to the hospital was almost a move of last resort. In other words the public had not yet become hospital minded, either as far as using the hospitals for their own needs, or rendering financial assistance because of the hospitals needs.

Much has been done in recent years to impress the public with the hospital's obligation to the community, and the community's obligation to hospitals.

Great strides have been made in hospital planning, equipping, and operation. There has been quite a complete evolution in the type of hospital construction, changing from the pavilion type to the skyscraper hospital of the large cities, with the modified but always more compact building, constituting most new construction.

Much attention has been devoted to eliminating the necessity of the personnel covering unnecessary distances in the performance of their duties. This has made it possible for a lower ratio of nurses to patients.

The ward patient of today enjoys greater comforts in the modern four-bed ward, and much greater privacy than in the large wards of perhaps 40 beds, incorporated in the building plans prior to 1900.

Efforts have been made with great success to reduce inside noises,

This is the first of a series of two articles reviewing changes in the hospital field during the 25 years the author has been a hospital executive. As he points out, many of these remarkable changes will not be realized by the large number of men and women who have entered the field in the past few years. In the second article there will be comment on charges and costs, trends in education of nurses and of interns and development of associations.

through isolating utility rooms, serving pantries, nurses' stations, and all other noise centers, from the patients' corridor. Sound absorbing materials have made the modern hospital much more comfortable for the patients.

Modern call systems have been a boon to patients, having eliminated to a great extent the noise caused by the old bell code, the ringing of telephones, or other methods.

Student nurses enjoy luxurious comforts in the modern nurses' home, which is in itself an innovation, inasmuch as the hospital constructed more than 25 years ago frequently housed the nurses in the building, and all too often under conditions far from conducive to comfort and rest for the nurses who had completed their seven to seven day.

In many instances when a complete hospital plant has been erected in recent years, the space and cost of operating rooms, X-ray, and laboratories, aggregate more than was spent for a complete hospital of medium capacity 25 years ago. The hospital constructed today provides kitchen and dining room facilities, laundry and heating and power plant, beyond the fondest hopes of the average superintendent of the early 1900's. While all these more elaborate departments have added to construction

costs, they enable hospitals to render decidedly better care, and more efficient service.

Great advances have been made in the manufacture of hospital plumbing and lighting fixtures. The time consuming and expensive polishing of brass and similar surfaces has been saved through the use of new finishes for plumbing fixtures and hardware.

Manufacturers of sterilizing equipment have done much to improve the appearance of sterilizing rooms, through the wall type of installation now being used. This has eliminated a great deal of labor in polishing of equipment, and prevents the excessive heat in the room.

Emergency lighting units automatically cut in and furnish light in case of failure of the usual electric supply. With such a unit, the current supply automatically changes from the usual source to the emergency, or back, without even so much as a flicker. Lighting fixtures for operating and delivery rooms cast almost shadowless light and offer all necessary adjustments for perfect lighting conditions.

Operating tables today make possible the placing of the patient in a great number of positions with greatly minimized effort.

The patient upon admission is made comfortable in a modern bed, equipped with a coil spring mattress, an innovation of recent years. The hospital bed of today makes it possible for the nurse by a turn of a crank to put the patient, in a few seconds, in a position which frequently in previous years required the effort of several individuals, and the use of portable back rests, and other appliances. The bed may be rolled from the patient's room to the sun parlors, X-ray department, or operating room over smooth floors, with practically no sensation of being moved. The large rubber tired wheels with locking devices routinely provided on the hospital bed of today are a wonderful contrast to the bed formerly used.

It was then indeed a laborious task for nurses and orderlies to move perhaps a dozen or more patients from a ward to sun parlor or airing balconies in the morning and back into the ward again at night, in beds without castors of any type, using the old-time bed truck.

Air conditioning plants are available for hospitals inclined to include them in their building plans, or portable equipment for individual room use is today on the market.

No hospital food service is complete without heat retaining food carriers, designed to deliver hot food to the patient's bed side. Rapidly moving tray carriers carry the set-up tray from the central serving kitchen to its destination. Through the use of a Telautograph, messages are distributed simultaneously throughout the entire building.

Radio has been to some patients a joy during their hospital stay.

The workers of the average well organized hospital of today would consider it impossible to render service with the meager personnel of many hospitals which were considered completely organized 25 years ago. Innumerable positions, and in many instances complete departments, which were almost unknown to the hospital of that period, are today considered essential. The nursing personnel, other than students, formerly consisted, in many hospitals, of the directress of nurses, with what would be considered today a very inadequate corps of assistants. Modern hospital practice requires a graduate nurse in charge of each department or floor. It is true that it frequently is difficult for many hospitals to achieve this, but it nevertheless is and should be one of the objectives of modern administration.

The full time pathologist, with a staff of technicians is more and more regarded as essential, though many hospitals still find it necessary to have their laboratory work under the supervision of a specially qualified member of the staff.

Data published in the *Journal* of the American Medical Association show that the number of hospitals with X-ray departments has increased from approximately 2,800 in 1923 to 4,500 in 1930, and laboratories increased in that period from 3,000 to 4,200. Many procedures which are today frequently used, and in many instances routine have been perfected during the past 25 years.

Many hospitals have found it possible and advantageous to employ a full-time roentgenologist who, until

comparatively recent years was unknown in even large hospitals.

Hospitals without full-time dietitians are today rapidly decreasing in number, whereas a quarter of a century ago the connection of the dietitian with many hospitals was confined to the instruction of student nurses in the school.

Physical therapy and hydrotherapy equipment have frequently been incorporated in hospital plans in recent years.

Pronounced progress has been made in anesthetics, both in the perfection of equipment and technique.

Electrocardiograph and basal metabolism equipment constitute two comparatively new and important additions to diagnostic facilities.

Powerful portable X-ray equipment makes possible many types of X-ray work, without removing the patient from his bed. The modern transformer type of X-ray machine succeeded the old-fashioned coil, which had very decided limitations, approximately 25 years ago, and immediately opened a new field in X-ray examinations. New and advanced types of X-ray tubes have been evolved, making practically instantaneous pictures, which if possible at all required an exposure of many minutes with the old type of machine. The powerful X-ray equipment of today assures treatment of deep seated conditions which were not susceptible of treatment, until this equipment was available. Deep therapy treatment now constitutes a portion of the work of many hospitals.

The social service worker has made a merited place for herself in hospital work.

Pronounced factors in the greater utilization of hospital facilities have been the maternity work and minor conditions, both medical and surgical. Hundreds of nose and throat operations are done each year in an active medium sized hospital. Minor medical conditions formerly never seen in the hospital now constitute a large portion of the work. Modern housing trends have made the care of these conditions in the home almost impossible.

The tendency to greater use of maternity beds in general hospitals has been due to the fact that both physician and patient have come to realize the factor of safety in the hospital. Approximately 645,000 births occurred in the general and maternity hospitals of the United States in the year 1930.

An innovation which has been coming into vogue in the past few years is the flat rate for maternity patients

and in many hospitals for nose and throat operations.

To keep step with this trend toward the greater use of hospital facilities, many hospital building programs have been carried out in recent years. This has resulted, according to American Medical Association figures, in an average annual increase of 20,000 hospital beds for the past 20 years. During 1930 there was an increase of approximately 49,000 beds. In 1909, when the American Medical Association published its first complete list of hospitals, 4,359 hospitals, with a total bed capacity of 421,000 was included. In 1930, 6,719 hospitals were listed with a total bed capacity of 956,000, or an increase in twenty-one years of 127 per cent.

We frequently hear apprehension expressed that hospitals have been, perhaps, too ambitious in their building programs. The fact that the percentage of occupancy has for the past ten years remained fairly constant until the past two years seems to indicate that the increased bed supply has been fairly well absorbed by the increasing demands. In 1920 the occupancy of the general hospitals was 67 per cent, in 1925 69 per cent, and 1928 69 per cent. The percentage of occupancy, however, due no doubt largely to economic conditions decreased to 65.5 per cent in 1929, and 64.7 per cent in 1930. The daily average of patients in general hospitals for the year 1930, exclusive of new born infants, was 763,382 persons, an increase of nearly 37,000 over 1929. This greater utilization of hospitals has made the public more hospital conscious, both insofar as looking to the hospital for assistance, and also with respect to a more sympathetic reception of hospital appeals for funds.

The Community Chest, succeeding War Chests, has been accepted by approximately 300 cities, as a satisfactory way in which to meet the question of financing deficits of hospitals and other charity and welfare activities. While communities may stand ready to continue this method, no doubt a grave question exists in most communities, as to whether or not the financial ability of the citizens will continue in keeping with their willingness to assist in carrying the community obligation. While many organized charities and welfare agencies have found the Community Chest idea to have been their salvation, there are many hospitals which are not advocates of the Community Chest idea, because of their belief that some Community Chest boards inhibit progress of hospitals.

Medical Costs Committee to Report Findings in November

Here Is Statement of Plans in Regard to Disclosing Results of Its Activities and Its Recommendations Recently Issued by Executive Committee of Group

THE executive committee of the Committee on the Costs of Medical Care, Washington, D. C., recently authorized the publication of the following statement:

The Committee on the Costs of Medical Care will, on November 29, make public its final report, which will include recommendations based on its exhaustive five-year study into the problem of providing adequate, scientific medical service to all at a cost which can be reasonably met, it was announced by the executive committee of the committee at the conclusion of a meeting in Chicago. The meeting of the executive committee followed a two-day session of the general committee.

Need for prompt and comprehensive developments in the organization of the nation's health care is clearly shown by a preliminary study of the committee's findings to date, it was stated; however, it was stressed that the committee would make no recommendations until all its studies have been completed and carefully considered.

The committee's final report, to contain such recommendations, is being awaited with the greatest interest by both laymen and practitioners, it was revealed at the meeting.

The enormous mass of data already accumulated by the committee discloses the following unsatisfactory conditions urgently requiring attention, both in the interest of the general public and for the sake of the physicians, dentists, nurses and the rest of 1,500,000 people engaged in the \$3,000,000,000 health industry:

1. All the people do not obtain all the care which they need, either quantitatively and qualitatively, particularly preventive services.

2. The costs of medical service are unevenly distributed among the people, causing hardship to some while others pay little or nothing. Because of the unevenness of the incidence and costs of illness, individual family budgeting of expenditures cannot satisfactorily solve this problem either for people of moderate means or for people of low economic status.

3. The incomes of physicians, dentists, nurses and other practitioners are frequently so uncertain, irregular and low as to constitute a grave problem.

4. Present methods of providing and paying for medical service are wasteful.

The Committee on the Costs of Medical Care was organized in 1927. Its chairman is Secretary of the Interior Ray Lyman Wilbur, formerly president of the American Medical Association.

Its purpose is to study the problem of "the delivery of adequate, scientific medical service to all the people, rich and poor, at a cost which can be reasonably met by them in their respective stations in life."

It includes 16 physicians and dentists in private practice; six representatives of the field of public health; 12 representatives of medical and dental schools, hospitals, nurses and the American Medical Association; six economists; and 10 representatives of the public. Its investigations are conducted by a research staff, with headquarters in Washington, under the direction of Dr. Harry H. Moore. Medical associations and other professional organizations are cooperating in the work being done.

Funds for the undertaking have been furnished by the Carnegie Foundation, the Milbank Memorial Fund, the Russell Sage Foundation, the Twentieth Century Fund, the Julius Rosenwald Fund, the Rockefeller Foundation, the New York Foundation, the Josiah Macy, Jr., Foundation, the Vermont Commission on Country Life, and the Social Service Research Council.

There are at least 130,000,000 cases of disabling illness in the United States each year and an equal number of illnesses not producing disability, the committee has found. To care for the nation's health there are a total of 1,481,000 workers, including 143,000 active physicians, over 67,000 dentists, 200,000 trained nurses and 100,000 pharmacists.

Studies by the committee, including exhaustive investigations of all health activities in Franklin and Orange Counties, Vermont, selected as representative New England communities; Shelby County, Indiana, a midwestern agrarian district; San Joaquin County, California, a far west rural and urban area; and Phila-

delphia, a metropolitan area, have revealed such significant facts as the following:

1. Physicians receive only one-quarter to one-third of the total expenditures for health care.

2. The amount spent for drugs and medicines is high.

3. Public health work obtains a small allocation of funds.

As illustrative of conditions in certain poorer sections of the country, the following is quoted from the report on the Vermont survey:

"The common belief that the poor receive necessary medical care is not supported by the survey, in spite of the extensive provision of free services by physicians, and in spite of expenditures for indigent persons by towns. The group which suffers most is composed of people with small resources who desperately attempt to maintain financial independence. Because they are unable to pay doctors or dentists, they postpone seeking medical advice and attention."

The unevenness in the distribution of the costs of medical care is succinctly disclosed in one of the committee's studies on costs of illness to 4,560 representative families from different localities and occupational groups. The figures show that in the group with annual family incomes from \$2,000 to \$3,000, less than one-third of the families bore three-quarters of the burden of the cost of illness; and 9 per cent of the families had to spend one-tenth of their annual income, in many cases much more, for medical service. In other income groups similar uneven distributions were shown.

While the Committee on the Costs of Medical Care has no panacea for these and other unsatisfactory conditions, it is hoped that its collective data will provide a basis for working out intelligent methods of providing adequate medical service to all classes of people and, at the same time, maintaining high standards for the medical profession. The final report of the committee will include definite recommendations, based on its findings, designed to achieve these objectives.

WHO'S WHO IN HOSPITALS

DR. EDGAR MAYER, who has been medical director of the National Variety Artists' Sanatorium since its opening, three years ago, and who is widely known in the tuberculosis field both as an administrator and consulting physician, is the author of a book for the public, just announced by Appleton & Company, "The Curative Value of Light." Dr. Mayer also is the author of "Clinical Application of Sunlight and Artificial Irradiation," and is chairman of the heliotherapy committee of the American Sanatorium Association. His administrative responsibilities include the medical direction of Northwoods Sanatorium, also in Saranac Lake. Dr. Mayer is the author of numerous articles for the professional journals and is consulting physician at Otisville Sanatorium, N. Y., and Broad Street Hospital, New York City, as well as being a member of the teaching staff of Trudeau Post-Graduate School for Tuberculosis, Trudeau, N. Y.

Mrs. Frieda Reemtsma has been accepted as supervisor of operating rooms at the Wichita General Hospital. Mrs. Reemtsma is a graduate of Baylor University Hospital, and assumed her new duties April 15.

Alice M. Gagg, R. N., superintendent, Norton Memorial Infirmary, Louisville, Ky., was severely injured by being run down by an automobile recently and was compelled to become a patient in the brand new building of the Infirmary. Her friends will be glad to know that she is rapidly on the mend.

Howard E. Bishop, superintendent, Packer Hospital, Sayre, Pa., and executive secretary of the Hospital Association of Pennsylvania, has suddenly blossomed out as a politician, having been elected a delegate from his district to the Republican national convention in Chicago next month.

Mrs. Winnifred Reavak, who has been an executive of the hospital, recently was chosen superintendent of the Nissen Hospital, Osage, Ia.

Loretta Mahley was named to take charge of Mary Sherman Hospital, Sullivan, Ind., following the resignation of Gertrude DeVine.

Col. Percy L. Jones, superintendent, Hamot Hospital, Erie, Pa., recently addressed the Erie Kiwanis Club.

Nellie G. Brown, superintendent of nurses, Ball Memorial Hospital, Muncie, Ind., recently spoke before the

local branch of the American Association of University Women.

Ursula Heileman is the new superintendent of nurses, Springfield, O., City Hospital.

Mrs. Marian Green Howard recently assumed the duties of superintendent of nurses of Wyoming Coun-



EDGAR MAYER, M. D.

Medical Director, N. V. A. Sanatorium, Saranac Lake, N. Y.

ty Community Hospital, Warsaw, N. Y.

Bernadine Hassar now is superintendent of the Charles Maxwell Hospital, Lamar, Colo.

Dr. O. Fordyce, superintendent, Toledo State Hospital, gave a demonstration of the type of work that institution is doing before a group of physicians attending a recent convention.

Mary A. Smith, formerly at Greenville, S. C., and more recently at Newcastle, Ind., is in charge of the Wichita Falls, Tex., General Hospital.

E. M. Hauge is in charge of the new Lutheran Hospital, Fort Dodge, Iowa.

Eleanor Anderson recently was placed in charge of the Detention Hospital, Hibbing, Minn.

Edward Groner has accepted the superintendency of Baptist Hospital, Alexandria, La. He formerly was assistant superintendent of Baptist Hospital, New Orleans.

Major Frank H. Dixon will become superintendent of the Corozal Hospital in the Canal Zone about June 1.

Essie DeGraw recently resigned as superintendent of Memorial Hospital, Mt. Pleasant, Ia.

R. B. Saxon, operating superintendent, and Dr. Francis J. Bean, medical superintendent of the University of Nebraska Hospital, were recent speakers before the Cosmopolitan Club, Omaha.

E. E. Opdyke recently was appointed superintendent of Thomas Hospital, Mansfield, O.

Ambrose Hospital, Ambrose, N. D., has been opened with Agnes Vinje as superintendent.

Miss Bena M. Henderson, superintendent Milwaukee Children's Hospital, recently was asked to speak on children's hospital administrative problems before a group at Waukesha, Wis.

Dr. B. H. Wardrip is the new medical superintendent of Alum Rock Sanitarium, San Jose, Cal.

W. C. Thomas, former purchasing agent for state institutions, recently was appointed business manager of Florida State Hospital, Chattahoochee.

Evelyn Cooke has succeeded Laura Gilmore as superintendent of Laird Memorial Hospital, Norton, Kan.

C. S. Blake has resigned as superintendent of Lord Lister Hospital, Omaha, Neb.

Dr. Peter D. Ward, superintendent of Charles T. Miller Hospital, St. Paul, is enthusiastic about the new nurses' home of that institution, recently occupied.

C. Q. Smith, superintendent, Methodist Hospital, Fort Worth, president of the Texas Hospital Association, was elected vice-president of the Southern Methodist Hospital Association at its recent session at Memphis.

Mary Beeman, head of the Ball State College home economics department, recently visited Indianapolis, working with Mrs. Ruth Cooley Baumhoff, as representatives of American Dietetics Association, inspecting the Indianapolis hospitals which train student dietitians. During their stay the visitors attended a meeting of the Indiana State Dietetics Association at the City Hospital.

Sister Mary Therese, John B. Murphy Hospital, Chicago, was re-elected president of the Illinois Catholic Hospital conference at its recent session in Peoria. Chicago was named the 1933 meeting place.

More Student Nurses, Despite Fewer Schools in Some States

Reports From 29 State Nursing Boards Reveal Some Interesting Facts About Results of Efforts to Reduce Number of Schools; Average Closing Affects Few Students

REDUCTION of the number of nursing schools and of the number of student nurses has been a goal of the Committee on the Grading of Nursing Schools which recently completed its five-year period. In view of the fact that for several years, at least, propaganda for the closing of schools has been widespread, HOSPITAL MANAGEMENT recently made an effort to learn from official state sources, the various state boards of nurse examiners, how the number of schools and of students has changed for the years 1930 and 1931.

The most interesting facts obtained from the questionnaire which was answered wholly or partly by 29 state boards was that in seven states there was a total of 786 more students in 1931 than in 1930, and that the average reduction in students per school discontinued was less than 11.

One state reported 6 fewer schools and 428 more students and another 7 less schools and 70 more students.

The seven states which reported more students in 1931 than in 1930 also reported 16 fewer schools for the group. Four of the states had 17 fewer schools, one state increased its schools by one and the other two states had the same number of schools in the two years. The reduction of 16 schools which was accompanied by an increase of 786 students gave an average of nearly 50 more students per discontinued school.

The net returns as far as schools were concerned from the 29 states was a reduction of 37 schools from 1930 to 1931 and a reduction of 378 students, or an average of just over 10 fewer students per discontinued school.

The accompanying table shows the detailed results of the information received from the 29 state boards as far as changes in students and schools are concerned. It will be noted that 11 of the state boards failed to give information concerning the number of students enrolled in the accredited schools, despite the fact that statistics concerning the number of nurses in

STATES	SCHOOLS CLOSED	STUDENTS DECREASE
1.....	2	3
2.....	2	...
3.....	1	10
4.....	0	+23
5.....	7	+70
6.....	3	+25*
7.....	2	18
8.....	1	91*
9.....	+1	...
10.....	0	158
11.....	1	...
12.....	1	390*
13.....	1	317
14.....	3	...
15.....	+1	+ 43
16.....	6	+428
17.....	0	...
18.....	1	+129
19.....	0	...
20.....	4†	45*
21.....	+1	...
22.....	0	+ 68
23.....	1	...
24.....	1	...
25.....	+1	22
26.....	0	...
27.....	0	104
28.....	0	6
29.....	4	...
Net total.....	37	378

*Probationers. †1929-1931 period.

What 29 state nurse boards reported on changes in students and schools, 1930 and 1931. Plus signs mean increase.

training and being graduated are widely quoted. The students' figure includes probationers in four states, as the board could not furnish students' enrollment.

The 29 states lined up like this, as far as schools totaled in 1931 compared with 1930:

- Increase of 1 school, 4 states.
- Same number of schools, 8 states.
- Decrease of 1 school, 8 states.
- Decrease of 2 schools, 3 states.
- Decrease of 3 schools, 2 states.
- Decrease of 4 schools, 2 states.
- Decrease of 6 schools, 1 state.
- Decrease of 7 schools, 1 state.

It was hoped in the beginning to show the following in tabular form:

Number of accredited schools in each state for 1928, 1929, 1930, 1931, 1932.

Number of schools started or discontinued in each year.

Number of probationers admitted each year.

Number of students accepted each year.

Because of the failure of so many of the boards to include the information as to students and probationers, however, and to answer questions as to new schools or discontinued schools in the various years, the information for these comments is based on the number of schools and the number of students in 1930 and 1931.

Of the 11 states which gave no information concerning change in the number of student nurses, but did give the change in the number of schools in 1930 and 1931, four reported the same number of schools in the two years, two reported an increase of one school, two reported a decrease of one school and one state reported a decrease of two, three and four schools, respectively.

Besides the four states referred to immediately above which showed no change in the number of schools and did not give information concerning the number of students, there were five other states with the same number of schools each year. Two of these reported increases of 68 and 23 students, respectively, and three a decrease of 158, 104 and 6 students, respectively.

In addition to the two states referred to previously which showed the largest decrease in the number of schools and at the same time large increases in the number of students enrolled for 1931, compared with 1930, there was one state which reported one less school and 129 more students and another three less schools and 25 more probationers accepted.

On the other hand, one state reported one less school and 390 fewer probationers, and another one less school and 317 fewer students.

Of the two states which reported one more school each and also gave the change in the student bodies, one showed 22 fewer students and the other 43 more.

THE HOSPITAL ROUND TABLE

Overlook Charges

Is it the purpose of the annual report of a hospital to acquaint its readers with charges for service? This question arises after a consideration of a number of reports in which there was no mention of charges, although in some instances rules for interns, rules of the board, and other material which could not possibly have wide interest were printed. Since there is so much interest in charges made by hospitals, according to speakers at conventions, would not the annual report be a good place for the hospital to say something about its charges and to whom ward rates, especially, apply? Some reports publish a fairly complete list of charges, but there are others which mention ward rates only and refer the reader to the hospital for charges for other accommodations. The printing of these nominal rates, all of them considerably below cost, undoubtedly will cause some readers to be disagreeably surprised when they inquire about small ward or semi-private beds. Next time a report is printed it might be a good idea to consider the publication of charges for accommodations and the more common auxiliary services, at least.

Good Maintenance Man

Harold K. Thurston, superintendent, Ball Memorial Hospital, Muncie, Ind., told the joint convention at Chicago that he had found it profitable to pay a good maintenance man a little more than the ordinary worker of this type receives, in order to get an experienced and competent repair man. By paying \$25 to \$50 a month more, the hospital has the services of a man who can make a number of types of repairs a cheaper worker can not handle, explained Mr. Thurston, and as a result this higher priced employe saves the hospital many times his extra cost in the course of a year. The cheaper man would need to call a plumber, electrician or other high priced worker to do these things.

When Linens Wear Out

When linens wear out in spots, it usually does not pay to repair them and attempt to put them back into circulation for the same use, Mabel W. Binner, superintendent, Children's Memorial Hospital, Chicago,

told the Chicago tri-state meeting. The reason is that the wear and tear previously received may have weakened other threads and strands, and thus these will give way after the repairs have been made. Some institutions withdraw such items from circulation and in some instances dye them a distinctive color and use in the housekeeping department for dust cloths, etc.

Think of Your Housekeeper

Think about your housekeeper when planning a new building or an addition, a speaker at a recent convention urged. She said that many hospitals, judging from their appearance, were planned first with a view of having an impressive lobby, then sunny wards and private rooms, and the space for closets, storage, etc., seemed to be an afterthought. One superintendent reported that she considered an innate desire for cleanliness the first requisite for a housekeeper, and after this qualification was met, amiability and tact might be considered.

Tab on Students

SS. Mary and Elizabeth Hospital, Louisville, Ky., has a small board, with a number of holes in it, one for each student nurse, and keeps tab on the whereabouts of the students by means of colored knobs which may be inserted in a hole by means of a projecting peg. There are four colored knobs—white for "on duty," black for "off duty," red for "out," and blue for "sick"—and by noting the color of the knob in the hole opposite a given student's name the telephone operator, near whose switchboard the board hangs, can give immediate general information concerning any student about whom inquiry may be made.

Take Credit for Service

One of the questions asked at a round table at the hospital conference at Memphis last month related to the procedure to be followed when a company owed the hospital for services to an employe and at the same time the hospital owed the company for items purchased. Those answering this question asserted that in such circumstances they gave themselves credit for the difference in the amount of the purchases, if

they owed more than the company owed them, and under all conditions applied amounts due the hospital for service to any bills the hospital owed.

Where Future Business Lie

Hospital superintendents ought to think of developing their obstetrical departments with a view to obtaining "future business," Gladys Brandt, superintendent, Cass County Hospital, Logansport, Ind., told the Indiana Hospital Association recently. Her remarks were in connection with comments on the satisfactory way flat rates for obstetrical patients had worked out. This department had been steadily decreasing in activity, Miss Brandt said, and she decided to put flat rates into effect as a stimulus. Within a short time as a result of the flat rates, she added, obstetrical patients had increased to 91 from 49 for the last similar period.

Flat Rates Discussed

In different sections of the country flat rates seem to be a live topic for discussion among hospital executives. Those who have adopted specific schedules of all inclusive rates say that these rates have not only helped to increase demands, but they have helped materially in collection of accounts. In some instances flat rates are offered only on condition that they are paid in advance or before discharge. One pertinent discussion of the flat rate question was a remark by Dr. Henry Hedden, Methodist Hospital, Memphis, who pointed out that the doctor ought to do his part in thus helping to reduce the cost of service to patients of moderate means.

Dressing Room Savings

Central dressing rooms are a type of improvement that have appeared in many hospitals in the past few years. One superintendent confessed that he did not install one of these until two years after he first heard the plan described, and that he probably would not have installed one then had he not visited a hospital with a central dressing room and noted how it operated. Today this hospital operates its central dressing room with seven nurses, where under the old system of keeping supplies on the floors four nurses were required for each of seven patient floors, or 28 nurses. As an ex-

(Continued on page 64.)

15 Years Ago—THIS MONTH—10 Years Ago

From "Hospital Management," May 15, 1917

Minnesota Hospital Association organized at Minneapolis; G. W. Olson president.
Hospitals requested not to order too much for reserve stocks, as a war measure.
Dr. L. A. Sexton appointed superintendent of Hartford Hospital.
Naval officer writes of navy's plan to gather information concerning facilities of civil hospitals for possible use for sick and disabled service men.
"Should superintendents have contracts?" discussed in editorial.

From "Hospital Management," May 15, 1922

Second National Hospital Day achieves huge success.
Pennsylvania association holds first meeting.
Frank Chapman elected Ohio president.
Illinois Down State association meets in Chicago.
Radio begins to make its appearance in hospitals.

Five Months of Group Nursing at Mt. Sinai, New York

Here Is Description of How Patients of Moderate Means Are Served, Schedule of the Nurses Involved and Some Facts About Operation Since Activity Was Established

THE plan of group nursing, adopted five months ago at Mount Sinai Hospital to meet the requirements of patients of moderate means, is working out satisfactorily, according to Dr. Joseph Turner, director, who led a discussion on "Group nursing" at the 1932 conference of the Hospital Association of the State of New York.

Dr. Turner said that he thought that where group nursing had failed the trouble was due not to the theory, but because floors or rooms or buildings in which it was tried had not been planned for the purpose. Describing a 4-bed room in a group nursing unit, he said:

"Four nurses are required to serve a group of four patients over a period of twenty-four hours. Each nurse serves eight hours daily for six days in a week. To give nursing on the seventh day, a relief nurse is needed for four eight-hour periods, or the equivalent of two-thirds of the time of an additional nurse in a week. A complete unit of two rooms of eight patients will then require the services of eight nurses plus one and one-third relief nurses. Of the four regular nurses in one room, two are on duty from 7 a. m. to 3 p. m. to care for the patients during the time of day when most nursing care is needed and when two meals are served.

One nurse serves the same four patients from 3 p. m. to 11 p. m., which includes the visiting hours and service of one meal, and one night nurse serves from 11 p. m. to 7 a. m., when the need is lightest.

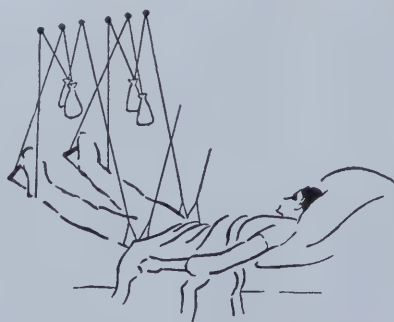
"An analysis of income and costs of this plan at Mount Sinai was made after the first three months. Due to the comparative constancy of the demand and the watchfulness of the supervisor in charge in arranging the service schedule, the hospital accountant was able to report that the actual cost to the hospital for group nursing was a fraction less than \$6.49 per patient day, or to give the actual surplus at the end of this three-month period, the hospital had received a total of ten dollars in excess of its

expenditures in salaries and support for the group nurses.

"Now the hospital's policy with regard to group nursing is predicated on the principle that there will be no exploitation of nurses; that is, no profit will be derived from this service. If experience shows that the service can be rendered for less than \$6.50, the rate will be lowered. I doubt whether it will be necessary to increase the charge even if the hospital finds it necessary to make good a small loss. Further study and experience may show that group nursing can be given for less. Even if it were to be given at some loss, it would be advisable to continue the service on the principle that the cheaper nursing costs can be made to these patients, the more will they be able to afford it and willing to avail themselves of it; this in turn will create more group nursing and more opportunities for employing graduate nurses for steady work.

"So far as the quality of nursing is concerned, the patients are very well satisfied. Most of them who need extra nursing receive all that is necessary in this way, and they appreciate the money saving.

"What does the medical staff think about it? A number who looked askance at the scheme in the beginning
(Continued on page 60)



Where Is Hospital and Health Insurance Actually in Operation?

Here Is Summary of Some of the Activities In the Way of Spreading Costs of Illness Over Groups of Various Sizes

A NUMBER of hospital executives are giving some thought to hospital insurance as a method of helping patients of moderate means pay their way in case of illness. HOSPITAL MANAGEMENT has published several articles describing actual plans of this kind within the past year, and here is a summary of a number of projects, taken from a paper by C. Rufus Rorem, Ph. D., Julius Rosenwald Fund, Chicago, presented at the joint meeting at Memphis last month:

HEALTH INSURANCE

Dallas, Tex.: 800 members employees' association street railway pay 85 cents each per month for professional services at a clinic. Company adds \$100 per month to sum. Plan does not cover home calls or hospital charges beyond \$30, which is paid by association for hospital service. Remainder of hospital bill paid by individual. Plan in effect for five years.

San Francisco: 1,000 employees of steamship company pay \$1.50 a month for hospital and medical care. Tuberculosis and mental diseases excluded, and home visits, but hospital care for 21 days of any calendar year are included. Company and a privately owned hospital work this plan and these physicians and this hospital must render the service except in emergencies.

Los Angeles: Employees' association of Los Angeles County has agreement with clinic whereby some 3,000 families receive medical service at cost of \$2 per month per employee regardless of number in family. All hospital services are included for period of three months, except that clinic physicians will treat tuberculosis or mental diseases in sanitarium or special hospital only. Patient must pay extra for crutches, glasses, etc. House calls made at nominal rate and hospitalization of members of employee's family is extra. Firemen and water works employees more recently have come into this plan.

Fort Smith, Ark.: Various employees of industries have medical and protective association to provide medical and hospital care at \$2 per month

per family. Each member is entitled to complete medical care and hospitalization for his family. During 1931 5,800 memberships were in effect and there were more than 5,000 days of hospital care given. Certain restrictions govern the amount of service any one employee or family may receive.

HOSPITAL AND HEALTH

Baton Rouge, La.: Employees of a refinery for several years have had an association which maintains its own clinic with seven full-time doctors to serve 2,700 members and their families. A monthly fee of \$3 covers complete medical service for employee and family, including professional services at the clinic, and house calls. A maximum of \$250 is allowed for hospitalization and special nursing. Maternity cases are hospitalized by the association only when this is considered medically necessary. Two local hospitals furnish the hospital service at regular rates to the association.

Little Rock, Ark.: Trinity Hospital and Clinic recently began operation of a plan whereby groups of employees receive complete medical care at \$2 monthly per individual, including a minimum of six weeks' hospitalization. Individual and family memberships payable quarterly in advance, \$2.50 per month for an individual and \$5.00 per month for an individual and family, are accepted with a 10 per cent discount for a year's payment in advance. Service includes physical examinations, free immunization against small pox, typhoid, and diphtheria, medical and surgical services, and all hospital care up to six weeks a year. Eye and dental work are excluded and certain diseases such as tuberculosis. House calls are extra.

Dallas, Tex.: Baylor and Methodist Hospitals each have contracts with several thousand employed persons who pay 50 cents per person per month for hospital service not exceeding 21 days a year. After 21 days a one-third discount is given. The plan doesn't include X-ray service, special prescriptions, serums, or doctors' or special nurses' fees. Con-

tagious, tuberculosis, and mental cases are excluded. Obstetrical cases receive 50 per cent discount on hospital service after ten months' membership. Except for accidents the contract becomes effective ten days after application. Groups of employees collect the monthly, quarterly or semi-annual dues and make one single payment to the hospital. Individuals are not permitted to join the plan singly, or make direct payment to the hospital. The Baylor Hospital has about 40 groups, ranging from ten to 15 members to more than 2,000 members, the first agreement being with a group of teachers. The rate for teachers recently was raised to \$8 a year, although the \$6 rate proved satisfactory to other groups. The Baylor Hospital enters into contract directly with groups of employees and the Methodist Hospital operates through an independent organization which solicits contracts, receives payments, and pays a lump equal to 50 cents per person monthly to the hospital. About 4,000 members are under contract to the Methodist Hospital, March, 1932, the first agreement having been drawn in January, 1931. The same organization has instituted similar plans at the Fort Worth Methodist Hospital, the Kentucky Baptist Hospital, Louisville, and the North Louisiana and Tri-State Hospitals in Shreveport.

"The financial experiences of the Baylor and Methodist Hospitals indicate that the plans are actually sound, the amounts paid to the hospital provided a substantial average revenue for each day of service to members. In one hospital the average receipts per patient-day of care were \$6.60, in the other \$7.60. Ten per cent of the members used the service during the year, and the average length of stay was nine days."

SECOND OXYGEN TENT

Jewish Hospital, Louisville, Ky., recently installed its second oxygen therapy machine. The first one has been in use for two years. Adeline M. Hughes, superintendent, reports very satisfactory results. Patients breathe better and rest more comfortably while receiving treatment in the oxygen tent.

Important Hospital Meetings Scheduled For Next Few Weeks

Richmond Meeting

Elaborate plans for a joint meeting of North and South Carolina and Virginia hospital executives at Jefferson Hotel, Richmond, May 17-19, have been made, and a program covering many topics of importance has been completed. Additional features will be educational and commercial exhibits and a meeting of record librarians. Plans for this joint session were discussed at a meeting of the Carolina associations last year, at which a delegation from Virginia was in attendance, and an active group has been at work for some time, inviting the executives of the three states and perfecting plans for a profitable meeting.

Features of the program follow:

TUESDAY, MAY 17

8 p. m. Public meeting, Auditorium, Jefferson Hotel. Dr. Knowlton T. Redfield, president, Virginia Hospital Association, Roanoke, presiding.

Welcome, Dr. W. T. Sanger, president, Medical College of Virginia; response, Dr. Harold Glascock, president, North Carolina Hospital Association, Raleigh.

"The American Hospital Association—Its Accomplishments and Aims for the Geographical Sections," Dr. Bert W. Caldwell, executive secretary.

"Caring for the Veteran in Civilian Hospitals," Paul H. Fesler, president, American Hospital Association.

WEDNESDAY, MAY 18

9 a. m. F. O. Bates, president, South Carolina Hospital Association, Charleston, presiding.

"Past, Present and Future of Hospitals," Dr. Robert F. Ferguson, Charlotte Sanatorium, Charlotte, N. C.; discussion, Dr. J. H. Abel, Haywood County Hospital, Waynesville, N. C.; Dr. D. T. Tayloe, Jr., Washington Hospital, Washington, N. C.

"The Need of Adequate Facilities for the Care of the Psychiatric Patient in the General Hospitals," Dr. O. B. Chamberlain, Roper Hospital, Charleston; discussion, Dr. J. M. Beeler, superintendent, Spartansburg General Hospital, Spartansburg, S. C.; Dr. R. Finley Gayle, Jr., Medical College of Virginia, Richmond.

"Hospital Administration, Its Practical Application," Dr. C. S. Lentz, superintendent, University of Virginia Hospital, University, Va.; discussion, Dr. John Bell Williams, director, St. Luke's Hospital, Richmond; Virginia Thacker, R. N., superintendent, Lewis Gale Hospital, Roanoke.

"The Unemployment Problem and the Nursing Profession," Marguerite Andell, R. N., School of Nursing, Medical College of the State of South Carolina, Charleston; discussion, Elizabeth S. Moran, R. N., superintendent of nurses, St. Elizabeth's Hospital, Richmond.

"The Hospital's Mission to the Community," Dr. Fred Hubbard, Wilkes Hospital, North Wilkesboro, N. C.; discussion, Dr. R. W. Petrie, Caldwell Hospital, Lenoir, N. C.; Dr. E. M. Fifer, Grace Hospital, Morganton, N. C.

"Problems of the Record Librarian," Mrs. Sarah S. Matthews, record librarian, University of Virginia Hospital; discussion, Cora Mecum, record librarian, Duke University Hospital, Durham, N. C.; Dr. H. H. Ware, chairman, record room committee, hospital division, Medical College of Virginia.

2:30 p. m. Dr. Harold Glascock presiding.

"Hospitals and Scientific Purchasing," Charles H. Dabbs, superintendent, Tuomey Hospital, Sumter, S. C.; discussion, Mrs. E. Z. Loring, superintendent, Marlboro County General Hospital, Bennettsville, S. C.

"The Cost of Adequately Supervised Student Nursing Service versus Graduate Nursing Service," Charlotte Pfeiffer, Richmond; discussion Mildred Lawrence, superintendent of nurses, Martha Jefferson Hospital, Charlottesville, Va.; Dr. Beverly Tucker, Tucker Sanatorium, Richmond.

"Can the Financial Burden Be Lifted from Your Hospital? If So, How?" Dr. R. B. Davis, Richardson Memorial Hospital, Greensboro, N. C.; discussion, Dr. R. L. Pittman, Pittman Hospital, Fayetteville, N. C.; Dr. J. A. Smith, Davidson Hospital, Lexington, N. C.

"The Business of Serving the Sick," Dr. J. L. McElroy, superintendent, hospital division, Medical College of Virginia, Richmond; discussion, M. Haskins Coleman, Jr., director, Johnston-Willis Hospital, Richmond; Dr. R. H. Fuller, medical director, South Boston Hospital, South Boston, Va.

"The Place of Orthopedics in the General Hospital," Dr. J. Warren White, Shriners' Hospital, Greenville, S. C.; discussion, Dr. A. T. Moore, Roper Hospital.

7 p. m. Annual dinner. Toastmaster, Dr. Paul V. Anderson, medical director, Westbrook Sanatorium, Richmond.

Addresses, F. O. Bates, Dr. Redfield, Dr. Glascock.

Lantern slides of North Carolina hospitals by Dr. Glascock.

THURSDAY, MAY 19

9 a. m. Dr. Redfield presiding.

"Administrative Problems of the Smaller Hospitals," Dr. Frank Smith, medical director, George Ben Johnston Memorial Hospital, Abingdon, Va.; discussion, Mrs. R. T. Lee, R. N., superintendent, Mary Washington Hospital, Fredericksburg, Va.; Dr. Wright Clarkson, Petersburg Hospital, Petersburg, Va.

"Hospital Facilities for Negro Patients in the South, Including Some Observations on Schools of Nursing and Clinical Facilities Available for Negro Students," Nina D. Gage, R. N., director, school of nursing, Hampton Institute, Hampton, Va.; discussion, Frances Helen Zeigler, dean and director of nursing service, hospital division, Medical College of Virginia.

"Lightening the Burden of the Hospital's Free Load," Dr. James H. Wheeler, Maria Parham Hospital, Henderson, N. C.; discussion, Dr. Nat Daniels, Oxford Orphanage Hospital, Oxford, N. C.; Dr. Keenan Casteen, Leaksville Hospital, Leaksville, N. C.

"Dietetics in the Hospital," Mrs. Mary de Garmo Bryan, chairman, educational section, American Dietetic Association, New York; discussion, Gertrude F. Brown, chief dietitian, St. Luke's Hospital, Richmond; Aileen Brown, director of dietetics, hospital division, Medical College of Virginia.

Separate meetings of North Carolina, South Carolina and Virginia Associations.

At St. Paul

Minnesota hospital executives, at their meeting at Hotel St. Paul May 23 and 24 will feature a joint meeting with the State Medical Society, at which hospitalization of veterans will be discussed.

Details of the program follow:

MONDAY, MAY 23

10 a. m. President Fred G. Carter presiding.

Welcome, Hon. G. J. Bundlie, Mayor. Report of Nominating Committee, J. H. Mitchell.

"What the American Hospital Association Does for Its Members," Dr. Bert W. Caldwell, executive secretary American Hospital Association.

General discussion of "Shall the Minnesota Hospital Association Seek Regional Membership in the American Hospital Association?"

Committee Reports: Membership, L. G. Foley Auditing, J. J. Drummond; Constitution and Rules, Dr. Charles E. Remy; National Hospital Day, Mrs. Pearl Rexford; Study of White House Conference, Ray Amberg; Costs of Medical Care, William Mills; Hospitalization of Soldiers, J. J. Drummond.

12:15 p. m. Luncheon.

2 p. m. President's Address.

"Hospital Engineering Problems," Neil Adams, Franklin Power Station, Rochester.

Round Table, J. J. Drummond, Worrell Hospital, Rochester.

8 p. m. Joint meeting of Minnesota State Medical Association and Minnesota Hospital Association.

"Medical and Hospital Care of the Veteran," Edward A. Fitzpatrick, Dean, Marquette University; Dr. Olin West, secretary, American Medical Association; E. V. Cliff, national executive committee, American Legion; F. R. Bigelow, hospital trustee; Paul H. Fesler, president, American Hospital Association, presiding.

TUESDAY, MAY 24

9:30 a. m. "The Nursing Situation," Joseph G. Norby, Fairview Hospital, Minneapolis.

"Graduate Nursing Service vs. Student Nursing Service in the Small Hospital," Dr. A. F. Branton, Willmar Hospital, Willmar; Dr. W. L. Burnap, Wright Memorial Hospital, Fergus Falls.

"Hospital Legislative Needs," A. M. Calvin, executive secretary, Midway and Mounds Park Hospitals, St. Paul, chairman, legislative committee, American Hospital Association.

"Problems in the Hospitalization of Insurance Cases," Victor M. Anderson, Abbott Hospital, Minneapolis.

12:15 p. m. Luncheon. "The Hospital and the Cancer Problem," Dr. W. A. O'Brien, University of Minnesota.

2:00 p. m. "Elimination of Waste in the Dietetic Department of a Hospital," W. M. Meyer, Meyer Bros. Food Control System, Chicago. Discussion, Miss Rose Stone, dietitian, State Sanatorium, Ah-Gwah-Ching.

General Round Table, Dr. M. T. MacEachern.

At St. Louis

The Mid-West Hospital Association, comprising Colorado, Kansas, Missouri and Oklahoma, will meet in St. Louis, at Hotel Chase, June 2-3. An interesting program has been arranged by the committee, consisting of E. Muriel Anscombe, president; Dr. L. H. Burlingham, Barnes Hospital; Rev. R. D. S. Putney, St. Luke's Hospital; Walter J. Grolton, Missouri Pacific Hospital; E. E. King, Missouri Baptist Hospital. Prominent leaders in the hospital field are on the program.

The officers of the Mid-West Hospital Association and the various state executives are making every effort to impress members with the importance of attending the annual meeting this year, stressing that at no time has the hospital administrator so needed the stimulus of a convention as at present. No hospital administration in any of the four states which make up the Mid-West can well afford to miss the discussion of these perplexing problems.

The exhibits will be interesting and instructive, the groups have been promised continued co-operation from the allied commercial organizations.

Features of the program are:

THURSDAY MORNING

Greetings. Rev. R. D. S. Putney.

"Geographical membership." Dr. Bert W. Caldwell.

"Some suggestions to meet present economic conditions in hospitals." Dr. B. A. Wilkes.

Discussion. Dr. G. W. Jones, Lawrence, Kan.

THURSDAY AFTERNOON

Presiding officer, Frank J. Walter, president Colorado Hospital Association.

Symposium, state laws affecting hospitals comprising Mid-West Hospital Association. Dr. Bert W. Caldwell.

Discussion. James A. Singer, St. Louis. "Qualifications and responsibilities of a record librarian." Dr. Malcolm T. MacEachern, American College of Surgeons.

"An experiment in co-operative collection of hospital accounts." J. P. Jacobs, credit manager, Missouri Baptist Hospital, St. Louis.

THURSDAY EVENING

Banquet and dance. Speaker, G. Rufus Rorem, Julius Rosenwald Fund.

FRIDAY MORNING

Presiding officer: Dr. G. W. Jones.

"The use of civil hospitals for veterans." Paul H. Fesler, president, American Hospital Association.

"The importance of a survey preliminary to a hospital building program." Matthew O. Foley, editorial director, HOSPITAL MANAGEMENT.

Discussion. H. D. Smith, business manager, State University Hospital and Oklahoma Hospital for Crippled Children, Oklahoma City, Okla.

"Responsibilities of boards of trustees." John A. McNamara, *Modern Hospital*.

Discussion. Aaron Waldheim, president, Jewish Hospital, St. Louis.

"Graduate nursing service versus student service in a small hospital." Dr. Rush E. Castelow, Kansas City, Mo.

Discussion—from an economic viewpoint: W. J. Grolton; from an educational viewpoint: Louise Hillgass, superintendent, University Hospitals, Columbia, Mo.

"Efficiency in food service—ward patients." Mrs. Lee Shrader, dietitian, Barnes Hospital, St. Louis.

FRIDAY AFTERNOON

"Standardization in Hospitals." Miss Phoebe Kandel, head of the department of nursing education, Colorado State Teachers College, Greeley.

Round table. Dr. Malcolm T. MacEachern.

Final business.

At Salt Lake City

What is expected to be one of the best attended meetings of the Western Hospital Association is scheduled at Hotel Utah, Salt Lake City, June 14-16. Dr. B. W. Black, Highland Hospital, Oakland, is president and he has had active committees in charge of program and general arrangements. A number of nationally known hospital people from other sections of the country will be present.

High lights of the program follow:

TUESDAY MORNING

Registration, Hotel Utah; organ recital, Mormon Tabernacle.

TUESDAY AFTERNOON

Business meeting and sight-seeing.

TUESDAY EVENING

Public meeting, presided over by Dr. B. W. Black. Addresses by Mayor Louis Marcus and Governor George H. Dern. Response by G. W. Olson.

Address, President Heber J. Grant of the Mormon Church, on "The Mormons in Utah."

Address, Adam S. Bennion, "What the public owes to the hospital."

WEDNESDAY MORNING

Robert Warner, D. D., presiding.

"Hospital problems and their relationship to the present economic conditions," by Dr. Malcolm T. MacEachern.

"Patients for whose care the public is responsible, namely, city, county and state. First, state's responsibility; second, county's responsibility." Carl Badger, attorney, Salt Lake City.

"Should the city care for emergencies free or should such cases be cared for through some method of compensation, insurance or other plan of payment." Matthew O. Foley, HOSPITAL MANAGEMENT.

"Legislation needed for hospitals."

Jesse Budge, attorney, Salt Lake City.

"Hospital standards." Dr. Charles W. Moots, American College of Surgeons.

Round table discussion on above subjects led by Dr. MacEachern and G. W. Olson.

WEDNESDAY AFTERNOON

Presided over by Carolyn E. Davis.

"Hospitals should operate training schools." D. Dean Urch, R. N., superintendent of nurses, Highland Hospital, Oakland, Calif.

"The advantages of operating hospitals exclusively with graduate nurses." G. Waite Curtis, San Francisco.

"Nursing standards." Paul H. Fesler, president of the American Hospital Association.

Round table on above subjects.

WEDNESDAY NIGHT

Banquet, Hotel Utah. Annual report by President B. W. Black. Address by Dr. George F. Stephens, president-elect, American Hospital Association.

THURSDAY MORNING

"Hospital and its departments." Bert W. Caldwell, M. D., executive secretary, American Hospital Association.

"Housekeeping department and purchasing." E. L. Slack, superintendent, Samuel Merritt Hospital, Oakland.

"Methods of securing and performing autopsies and their value as a teaching function of the hospital." L. L. Daines, M. D., dean of medicine, University of Utah.

"Social service in a modern hospital." Mrs. Margaret Smith, Thomas D. Dee Memorial Hospital, Ogden.

"Public relations." John McNamara, *Modern Hospital*.

Round table on above subjects.

THURSDAY AFTERNOON

"Simplified modern accounting. A proposed plan to standardize hospital accounting." John M. Pierce, research director, California Tax Payers Association, Sacramento.

Public hospital section. Dr. Charles E. Session in charge, superintendent, San Diego County Hospital, San Diego.

Round table discussion all subjects and questions submitted. Paul H. Fesler will first present "Future policies of the American Hospital Association," and will lead the discussion.

"Shall the budget balance?" Rev. John Edward Carver, pastor, Presbyterian Church, Ogden.

Trip to Saltair, swimming in the lake, basket luncheon, and dance.

O. T. DIRECTORY

The American Occupational Therapy Association announces that it is about to issue its first annual directory of qualified occupational therapists, which will include the names of those who applied and were found qualified for admission to the national register established by the association in 1931. Acting on the advice of leading medical and nursing organizations, the association says it decided, as a first step towards a national directory, to set up minimum standards of training, which were first promulgated in 1923. The standards were raised in 1926 and again in 1929, and the latest standards are now being met in the leading training schools recommended by the association.

Graduates of some of the leading occupational therapy training schools in the United States are holding leading positions in other countries, and several students from abroad are taking training in our schools, adds the notice. Copies of the directory may be secured from the association at 175 Fifth avenue, New York.



This is the attractive children's department of the Norton Memorial Infirmary, Louisville, Ky. This new building is described in an article beginning on page 33.

How That \$41,000 Bill Is Divided

In the last issue reference was made to the fact that the cost of service to an industrial patient, injured in 1917, whose bills are paid by the California state compensation insurance fund, had amounted to \$41,000 a short time ago, with the treatment continuing.

A recent bulletin of the department mentioned indicates that thus far the bill is itemized as follows:

Physicians' fees, \$4,000.

Special nursing, \$13,500.

Hospital, \$24,000.

"The patient will receive the best of attention as long as is necessary," concludes the notice about this case.

Gather Findings of Nurse Studies

By Marian Rottman

Director, division of nursing, Department of Hospitals, New York.

This is the era of facts. No longer are problems settled upon the basis of uncertain opinion but upon the basis of what actually is.

Nursing, by virtue of its inheritance, has every right to join the band of searchers for facts. Its founder saw to that. Florence Nightingale was an ardent and persistent seeker of truth.

The usefulness of a study depends on the extent to which it is shared. One of the ways in which the League Committee on Studies hopes that it may be of service is by the assembling of information on nursing studies and studies of related subjects, which have been made or are

in the process of being made. Once this information is on file at headquarters, others may share in the benefits of the work.

Therefore, if you have made a study or assisted with a study, will you not do one of two things:

If the study has not been published send a copy to Blanche Pfefferkorn, director of studies, National League of Nursing Education, 450 Seventh avenue, New York, N. Y., stating whether or not you are willing that it should be made available to others.

If the study has been published, give the title of the study, name of magazine in which it appeared with year and month, or if published in bulletin or book form, name of the publisher and date of publication.

The Committee on Studies will appreciate your assistance.

EMPLOYEES INSURED

Harper Hospital, of Detroit, has announced the adoption of a group life insurance program totaling \$600,000 for employees. The plan is being administered by the Metropolitan Life Insurance Company on a cooperative basis whereby the cost is shared by employer and employees. Under the arrangement individual amounts of insurance range from \$500 to \$5,000. A total permanent disability clause in the life insurance contract provides for the payment of the life insurance in full, in equal monthly installments, if total disability occurs before age 60. A free visiting nurse service will be available to all insured employees when sick or injured.

WRITES FOR PAPER

Dr. D. L. Richardson, superintendent, Charles V. Chapin Hospital, Providence, has been writing popular health articles for a newspaper for nearly five years. The material appears twice a week in the form of informative articles, and the other daily issues contain answers to questions, of which Dr. Richardson receives from 1,000 to 1,800 a year. The Chapin hospital formerly was known as the Providence City Hospital and its new name is in honor of Dr. Charles V. Chapin, for 48 years city health officer. Dr. Chapin helped to found the hospital and has served as a member of its board for the 22 years of its existence.

"How's Business?"

(Continued from page 39.)

November, 1931.....	1,497,948.00
December, 1931.....	1,521,552.00
January, 1932.....	1,527,159.00
February, 1932.....	1,468,059.00
March, 1932.....	1,574,446.00

OPERATING EXPENDITURES

November, 1928.....	\$1,936,075.00
December, 1928.....	2,064,632.41
January, 1929.....	2,104,552.74
February, 1929.....	2,007,945.24
March, 1929.....	2,099,208.11
April, 1929.....	2,071,386.46
May, 1929.....	2,064,381.77
June, 1929.....	2,034,409.13
July, 1929.....	2,045,112.96
August, 1929.....	2,068,388.63
September, 1929.....	2,050,510.38
October, 1929.....	2,079,042.06
November, 1929.....	2,091,089.31
December, 1929.....	2,127,053.36
January, 1930.....	2,190,909.95
February, 1930.....	2,067,112.17
March, 1930.....	2,120,861.86
April, 1930.....	2,064,328.56
May, 1930.....	2,102,407.49
June, 1930.....	2,027,258.00
July, 1930.....	2,038,042.00
August, 1930.....	1,985,045.00
September, 1930.....	2,079,154.00
October, 1930.....	2,033,163.00
November, 1930.....	2,003,297.00
December, 1930.....	2,031,148.00
January, 1931.....	2,058,681.00
February, 1931.....	1,963,391.00
March, 1931.....	2,026,363.00
April, 1931.....	1,976,430.00
May, 1931.....	1,967,866.00
June, 1931.....	1,932,832.00
July, 1931.....	1,925,156.00
August, 1931.....	1,870,985.00
September, 1931.....	1,890,891.00
October, 1931.....	1,885,424.00
November, 1931.....	1,829,539.00
December, 1931.....	1,889,887.00
January, 1932.....	1,806,279.00
February, 1932.....	1,763,572.00
March, 1932.....	1,762,657.00

AVERAGE OCCUPANCY ON 100 PER CENT BASIS

November, 1928.....	69.6
December, 1928.....	66.5
January, 1929.....	71.6
February, 1929.....	73.8
March, 1929.....	73.2
April, 1929.....	72.2
May, 1929.....	71.2
June, 1929.....	71.3
July, 1929.....	67.8
August, 1929.....	67.5
September, 1929.....	65.0
October, 1929.....	68.0
November, 1929.....	68.6
December, 1929.....	64.0
January, 1930.....	70.1
February, 1930.....	72.1
March, 1930.....	71.8
April, 1930.....	70.0
May, 1930.....	69.4
June, 1930.....	66.6
July, 1930.....	64.7
August, 1930.....	62.7
September, 1930.....	62.8
October, 1930.....	62.9
November, 1930.....	62.4
December, 1930.....	59.1
January, 1931.....	64.9
February, 1931.....	67.5
March, 1931.....	67.2
April, 1931.....	65.8
May, 1931.....	63.0
June, 1931.....	62.6
July, 1931.....	60.3
August, 1931.....	59.7
September, 1931.....	58.3
October, 1931.....	59.0
November, 1931.....	57.5
December, 1931.....	56.8
January, 1932.....	60.2
February, 1932.....	61.8
March, 1932.....	61.0

DEFERRED PAYMENTS

The deferred payment plan for hospital patients, described by Dr. W. L. Babcock, Grace Hospital, Detroit, in a recent article, has been extended to St. Mary's and St. Joseph's Mercy Hospitals, Detroit, and it is now in operation in all but one of the city's major hospitals and in many of the smaller ones. It has also been accepted by several hundred doctors, exclusive of the hospital staffs, since the first of the year, and is working with marked success, according to a note from a bank official.

High Lights of the Nursing Meeting in Texas

MORE than ever hospital relationships with nursing were emphasized in the biennial convention of the three national nursing organizations held in San Antonio, Texas, April 11-15. Thirty-two hundred representatives of the three associations were in attendance.

Annie Warburton Goodrich, dean, Yale University School of Nursing, was awarded the Saunders medal presented yearly to the member of the American Nurses' Association who has given the most distinguished service to the profession. The presentation ceremonies followed an impressive pageant celebrating the success of a membership campaign conducted in observance of the thirty-fifth anniversary of the founding of the A. N. A.

Elnora E. Thomson, R. N., University of Oregon School of Nursing, was re-elected president of the A. N. A., and Sophie C. Nelson, director of the Visiting Nurse Service of the John Hancock Life Insurance Company, Boston, was renamed as president of the N. O. P. H. N. Effie J. Taylor, R. N., professor of psychiatric nursing, Yale University, succeeds Elizabeth Burgess of Teachers' College as president of the National League of Nursing Education.

Washington, D. C., was selected for the 1934 meeting of the three nursing organizations.

Among recommendations made at the House of Delegates of the A. N. A. was one relating to the custom that prevails in some hospitals of accepting payment for the services of student "specials." The recommendation was adopted and will be brought to the attention of the governing bodies of the hospital and medical associations.

Between the A. N. A. and the National League of Nursing Education a closer tie-up was made when the A. N. A. House of Delegates accepted the League as the educational department of the A. N. A. with no change in the structure or the autonomy of the League. The change merely makes the executive secretary of the League the educational secretary of the A. N. A.

When the Grading Committee applied its first tentative list of standards, which were thought modest, to the results of the first grading, it was found that if they were applied

The accompanying account of activities at the recent biennial nursing conference in San Antonio, featuring matters of interest to hospitals, was prepared for "Hospital Management" by the publicity representative of the American Nurses' Association. On page 82 will be found the impressions of a visitor at the convention.

strictly there would be no schools at all, Dr. William Darrach, chairman of the committee, told the nurses. So the standards have had to be modified a good deal in order to be practical in their application. Dr. Darrach hopes that these standards will be accepted by the various national organizations as they are or with amendments, and enforced.

Katharine J. Densford, R. N., director of the University of Minnesota School of Nursing, discussed the selection and preparation of the undergraduate nurse. Mrs. Elizabeth S. Soule, R. N., head of the department of nursing education, University of Washington, treated the same subject from the point of view of the graduate.

Miss Densford thinks that age should not be a requirement for entrance into a nursing school and that undying faith should not be placed in mental or other tests. In selecting students she regards the following as important: Good biological heritage, high school graduation, a

personal interview, limited enrollment, competitive examinations, a health examination and immunization against infectious diseases.

Mrs. Soule regards the recent increase in the number of postgraduate courses as both helpful and dangerous. Some of these courses have arisen worthily from a growing interest in adult education; others, she feels, are attributable to the current employment situation, and many of them are merely means of obtaining service at a lower rate without offering educational advantages worth the difference in recompense.

Graduate floor duty in larger and larger amount was advocated by Mrs. Anne L. Hansen, R. N., chairman of the Committee on the Distribution of Nursing Service, as one means of relieving the employment situation in nursing. General staff nursing service may not only reduce overproduction of nurses and unemployment among graduate nurses, but may provide a means of further professional education and may improve the quality of nursing care given patients. Getting the country nurse back to the country will also be attempted. Group and hourly nursing were stressed.

The hospital superintendent's round table was presided over by Muriel Anscombe, superintendent, Jewish Hospital, St. Louis. Papers were presented by Dorothy Rogers, R. N., director of the school of nursing, John Seely Hospital, Galveston, Texas; Anna G. Williams, R. N., Cheyenne Memorial Hospital, Cheyenne, Wyo., and Katharine Appel Maroney, R. N., director of nursing service, Beaumont General Hospital, Beaumont, Texas.

When the Beaumont General Hospital dropped its nursing school and substituted graduate nursing service it saved a substantial amount monthly and secured greater patient confidence, Miss Maroney told the superintendents. The hospital, averaging 31 patients daily, saved \$239 a month on its nursing service, and its food cost was decreased \$425.

"If there is to be good nursing technique, uniform hospital equipment is necessary in every unit and ward," Miss Williams declared. However, she believes that when the nurse goes out into home duty her resourcefulness has often been crippled by multitude of devices the hospital furnishes for the care of the sick.

Miss Rogers discussed the importance of teamwork among the professional groups within the hospital.



Empire State Convention Attracts Its Largest Attendance

Discussion of Present Economic Situation of Hospitals
Credited With Helping to Bring Splendid Registration;
Boris Fingerhood, Israel-Zion Hospital, Named President

By KENNETH C. CRAIN

THE eighth annual convention of the Hospital Association of the State of New York, May 5, 6 and 7, at the Hotel New Yorker in New York City, was one of the most largely attended and generally successful ever staged by the organization. The program, arranged by a committee headed by Boris Fingerhood, of the Israel-Zion Hospital of Brooklyn, was unusually practical, one session being devoted to a discussion of methods of economizing without impairing service, and this was undoubtedly largely responsible for the gratifying attendance of hospital administrators from all over New York.

The visitors were guests of the New York City and Brooklyn hospitals Thursday night at a dinner, with music and dancing, the affair being arranged under the direction of James U. Norris of the Woman's Hospital of New York, a member of the committee on local arrangements, which was headed by Dr. T. Dwight Sloan of the Post-Graduate Hospital. On Saturday various institutions in greater New York were visited, the new New York-Cornell center, Mt. Sinai's pavilion for patients of moderate means, the new building of the Lenox Hill Hospital, the Columbia-Presbyterian group and others being points of special interest.

Officers elected were as follows: President, Mr. Fingerhood; first vice-president, Grace E. Allison, R. N., Samaritan Hospital, Troy, N. Y.; second vice-president, Thomas T. Murray, Memorial Hospital, Albany, N. Y.; treasurer, P. Godfrey Savage, Niagara Falls Memorial Hospital, Niagara Falls, N. Y.; trustees, Dr. T. Dwight Sloan and Mary G. McPherson, R. N.; nominating committee, Carl P. Wright, Syracuse General Hospital, Syracuse, N. Y., the retiring president; Dr. Mark L. Fleming and Dr. C. W. Munger.

There were also elected four nominees for two positions on the Advisory Committee of the State Board

of Nurse Examiners, Dr. Willis G. Nealley of the Brooklyn Hospital, Brooklyn; Dr. John G. Copeland of the Albany Hospital, Albany; J. F. Bush of the Presbyterian Hospital, New York City, and Dr. N. W. Faxon, Strong Memorial Hospital, Rochester.

For the first time there was a commercial exhibit held in connection with the convention, with sixteen exhibitors participating, the principal object on the part of the association being to secure funds to finance the publication of a bulletin, the Hospital Forum, the convention issue of which was distributed at the meeting. It is edited by Julian Funt, the executive secretary, and contains news of special interest to New York institutions. Incidentally, Mr. Funt reported the addition of forty new members to the association, placing it in a strong position.

Paul H. Fesler, president of the American Hospital Association, was a visitor on Friday, addressing the association briefly in connection with the work of the committee which has been presenting to the Veterans' Bureau and related organizations at Washington the desirability of using present general hospital facilities for veterans other than chronic and mental cases, instead of attempting to provide at enormous expense additional unneeded beds. A resolution supporting this point of view was adopted by the association in consequence of Mr. Fesler's talk.

A chronological summary of the proceedings follows:

Following the opening addresses and committee reports Thursday morning, Ernest G. McKay, of the Arnot-Ogden Memorial Hospital, Elmira, presented the report of the special committee on identification of the new born, which was formed to present recommendations to forestall legislative action in New York. While Mr. McKay stated that the nursery name necklace had been found to be the most popular device for identification, he said that

the committee preferred not to record an exclusive recommendation of this sort. Subsequent discussion revealed that finger-print experts in the New York Police Department and elsewhere do not consider baby footprints of any value in identification; and the committee's further report Friday did not reveal any further information. It was continued.

Clarence E. Ford, of the State Department of Social Welfare, presented the report of the legislative committee, calling on Dr. Sloan, who told of the success which has been achieved in securing relief for hospitals in compensation cases, so that they will now receive \$5 per patient-day outside of the metropolitan district and \$5.50 in that district, instead of the below-cost ward rate formerly applying. Dr. Sloan commented that in his own hospital the 65 beds devoted almost entirely to compensation cases had actually lost over \$6,000 in 1931 as a result of inadequate payment in such cases, where insurance companies are usually involved.

At the opening session Thursday morning, with President Wright presiding, Dr. John A. Hartwell, president of the New York Academy of Medicine, welcomed the association in an address which emphasized the need for better public appreciation and support of hospitals, and the threat of increasing taxation as a burden preventing the public from extending to the hospitals the support which they must have.

Thursday afternoon was devoted to a session on nursing, under the chairmanship of Elizabeth A. Greener, R. N., president of the New York State Nurses' Association. Dr. Joseph Turner, director of Mt. Sinai Hospital, told of his institution's experience with group nursing, in the new pavilion for patients of moderate means, which he said has met with marked success. A charge of \$6.50 a day is made to each patient in this section for the services of the

nurses employed for the group, one or more nurses being continually on duty. As the patient also pays \$5 a day for his bed in a four-bed ward, this produces a total cost to him of \$11.50 per day, which one superintendent commented might cause some to prefer a private room at \$10 a day, with general nursing care. Dr. Turner replied that both patients and staff seemed to prefer the group nursing plan. The nurses receive \$135 a month and part maintenance.

In her discussion, Miss Claribel Wheeler, executive secretary of the National League of Nursing Education, commented that there seemed to be no definition of group nursing, wide differences in pay to the nurses and charges to patients being the rule. Referring to Dr. Babcock's statement that the chief object should be to secure reduced cost to the patient, she pointed out that the net result seems to be that the patient pays for the nursing service which it is the hospital's duty to furnish.

Miss Marion Rottman, R. N., director of the Division of Nursing, New York City Department of Hospitals, spoke on the considerations which might cause a hospital to close its school for nurses, and declared that there is inadequate use of orderlies and maids. Dr. E. M. Bluestone, director of Montefiore Hospital, New York, whose school was recently closed, pointed out that this school was in a cancer hospital, with a 2½ year course, a year of which was spent in a general hospital, and that it was therefore not a typical case. The sole question to be considered, he said, is what the community needs.

This was the line followed in the report of Dr. C. W. Minger, of Grasslands Hospital, in his report for the committee on nursing, discussing the rapid increase in the number of training schools and of graduate nurses, together with the present aggravated state of unemployment of these nurses. In spite of bad distribution of graduates, most of whom appear to be in the larger cities, Dr. Munger pointed out that there is approximately 1 nurse to each 63 families, with a total of 294,000 in 1930. As a hint to hospitals reluctant to close their training schools, he suggested that at prevailing salaries as low as \$55 to \$60 a month, it is more economical to employ graduates than to operate a high-grade training school to furnish nursing service. The report presented detailed suggestions for hospitals whose schools have become a problem.

Friday morning's session, following Mr. Fesler's address, was devoted to

a discussion of economy, James U. Norris presiding. Dr. Christopher G. Parnall, medical director of the Rochester General Hospital, contributed a paper on the effect of the economic situation on hospitals, which presented some of the more discouraging aspects of the picture, including the increased demand for free or part free service and decreasing ability of the public to contribute money. He pointed out that the care of the indigent sick is a public duty, and that hospitals should be paid the full cost of such care, which he suggested is probably less expensive in so-called voluntary hospitals than in public institutions.

E. H. Lewinski Corwin, discussing means of retrenchment, said that economies should be effected with a due regard for the duty of the hospital to maintain its effectiveness, and spoke of lack of the scientific efficiency attitude in the hospital, as compared with business and industry. Food, fuel and salaries offer the best opportunities for economy, he said, since they take most of the hospital's money.

Dr. Nealley, Dr. Goldwater, Dr. Munger, Dr. Sloan, Mr. Wright, Mr. Norris, Mr. Weber and Dr. Tannenbaum were among those who contributed suggestions on this subject. Dr. Tannenbaum declared that it is unfair to accuse hospitals of lack of efficiency, saying that they have improved enormously in administrative ability in the past 25 years. The desirability of comparing notes with other hospitals, as Mr. Wright says Syracuse hospitals do with each other, was stressed in several cases.

Dr. Shirley W. Wynne, Commissioner of the Department of Health of the City of New York, discussing Dr. Parnall's address, approved the suggestion that hospitals should be paid full cost for the care of the indigent sick, as well as for workmen's compensation cases. He spoke of the development of units for the care of those of moderate income and of group nursing as evidence of progress.

Dr. James P. Ruppe, assistant su-



perintendent of the New York Post Graduate Hospital, described that institution's out-patient work, which he said is depression-proof in the sense that it is more active than ever. Dr. William F. Jacobs, medical superintendent of Bellevue Hospital, New York, contributed discussion of the address.

At the afternoon session, Joshua S. Chinitz, of the New York bar, gave an exhaustive study of legal aspects of hospital work in New York as well as elsewhere, and interest in this address and others was evidenced in approval of a plan to publish the proceedings in full. George E. Gifford, manager of the accounts receivable department of the Presbyterian Hospital of New York, told of the success which that hospital has met with through the use of persistent collection efforts, an agency being employed where necessary. Ward patients are rated when service begins, in order to fix their ability to pay. Private patients introduced by their physician have not been found to present a credit problem.

An address on public relations was delivered by John A. McNamara, executive editor of "The Modern Hospital," with discussion by Garth Cate, of the Brooklyn Daily Eagle.

Boiler Room Savings

(Continued from page 24)
of combustion principles and of fuels. Modern home study educational courses in combustion have been reduced to simple nontechnical terms. They are being widely used by men in many industries.

The average engineer or fireman is not supposed to be versed in combustion efficiency. His job is to keep the plant in operation. Add to the experience of your operating men a knowledge of fuel and combustion engineering, and in a short time labor and fuel costs will be materially reduced.

NEW JERSEY FIGURES

During March, 1932, sixty general hospitals of New Jersey reported an average occupancy of 70 per cent. The March rate of occupancy as compared with the rate a year ago, and the two previous months, is as follows:

1932—March, 70; 1931—March, 76.
1932 — January, 69; February, 70; March, 70.

The cost per capita per day of fifty-nine hospitals was \$4.40 in March, 1932. The present per capita cost as compared with the cost a year ago, and the two previous months, is shown in the following table:

1932 — March, \$4.40; 1931 — March, \$4.38.

1932—January, \$4.56; February, \$4.64; March, \$4.40.

The receipts from patients covered 53 per cent of operating expenditures.

Dr. Olsen Elected President of Michigan Association

THE annual meeting of the Michigan Hospital Association, with which Michigan Dietitians and Michigan record librarians met simultaneously, attracted a good attendance at the Hurley Hospital, Flint, April 26 and 27. An interesting program built around problems of pharmacy, food service, anesthesia, records, methods of figuring costs, the present economic situation, nursing, legal problems, interns, included a very practical round table presided over by Dr. W. L. Babcock, Grace Hospital, Detroit.

L. J. McKenney, trustee, Highland Park General Hospital, presided at the different sessions.

Those participating in the program included: Harvey Whitney, chief pharmacist, University Hospital, Ann Arbor; Frances Sanderson, head of department of home economics, Detroit City College; Mrs. Laura Dunstone, chief anesthetist, University Hospital; Dorothy Ketcham, director of social service, University Hospital; Mathew O. Foley, editorial director, HOSPITAL MANAGEMENT; Florence Babcock, record librarian, University Hospital; John A. McNamara, Modern Hospital; C. J. Ross, president, Hurley Hospital board; Dr. Bert Caldwell, American Hospital Association; Dr. W. H. Marshall, state board of registration in medicine; Dr. C. A. Doty, Highland Park General Hospital.

Election of officers resulted in the choice of Dr. E. T. Olsen, director Receiving Hospital, Detroit, and a trustee of the American Hospital Association, as president.

Others chosen were: Vice presidents L. J. McKenney, Frank D. King, superintendent, Hurley Hospital, Flint, and Mrs. W. C. LeFebvre, trustee, Highland Park General Hospital; secretary, Robert G. Greve, assistant director, University Hospital, Ann Arbor; treasurer, Amy Beers, superintendent, Hackley Hospital, Muskegon. Trustees, Josephine Halvorsen, superintendent, Port Huron Hospital, and Dr. Harley A. Haynes, superintendent, University Hospital, Ann Arbor.

An outstanding feature of the meeting was the hospitality of Mr. King and his co-workers at Hurley Hospital. The well appointed auditorium of the institution was the scene of the meetings, and every visitor took advantage of the opportu-

nity to inspect the building, a Y-shaped structure of recent construction which met with many favorable comments for its arrangement and equipment.

A report of the nurses' biennial convention was presented by Mabel Smith, Lansing, executive secretary, Michigan Nurses Association.

Outpatient Work In Small Hospitals

By *Hannah Rosser, R. N.*
Superintendent Vermillion County Hospital, Clinton, Ind.

Small hospitals of Indiana are established and partially maintained by the taxpayers of the counties and are made possible by the majority votes cast by the people of that county. Therefore, hospitals are established and maintained with the opposing voters antagonistic, and they remain so until the hospital has been proved an asset.

It is the duty of the board of trustees, superintendent, and staff to develop every means of informing the community what the hospital has to offer. We have found the outpatient departments give us the advantage of teaching the public and creating hospital-minded people. The patient likes the outpatient department because he can come and be treated without having to remain in the hospital. If he pays, the cost is a minimum charge. The patient unable financially to remain in hospital until fully recovered may return to the outpatient department for dressings and treatments at a small charge. Diabetics may return for checking and diet lists. Mothers bring babies for checking and to be informed of the care and feeding and preparations of formulas. The indigents

From a paper before 1932 Indiana Hospital Association convention.



may be cared for by township trustees paying the cost.

The average small hospital admits from 500 to 700 patients a year. Our hospital in 1931 admitted 619 patients; out-patient general department, 375; laboratory out-patient department, 450, giving us contact with 1,444 people.

Our laboratory out-patient department is made possible by the patronage of all doctors of the community, also the paid out-patient department.

One finds that in small communities the doctor does not maintain a graduate nurse in his office, and some doctors do not have office girls. These doctors appreciate the outpatient departments where they may have a graduate nurse assistant and hospital equipment.

The community develops a kindly feeling toward the hospital as it is filling a real community need. In return, hospitals reap a small financial gain, also an increased number of "boosters," that is, if the outpatient departments are well taken care of and the greatest of consideration shown to each patient.

Requests for Records

George D. Sheats, superintendent, Baptist Memorial Hospital, Memphis, told the hospital conference at Memphis that when attorneys come to him for permission to see records of a patient he asks them to sign an authorization to pay the hospital the amount of its bill for service to the patient before the records are produced. In every case this request has been met, Mr. Sheats added, with the result that the hospital has been fully protected.

GOOD COFFEE

"Our rules for making good coffee," recommended by the laboratories of Continental Coffee Company, Chicago, are published on a small placard which may be conveniently placed for reference by employes charged with making coffee for a hospital. The card also contains suggestions for cleaning and care of urn. Copies of the card may be obtained by dietitians or others on request.

Some of the suggestions are:

Use only fresh, boiling water.

Pour boiling water through grounds slowly.

Re-pour entire brew once through grounds.

After brewing coffee remove bag instantly.

Wash bag in clean, cold water—avoiding soaps.

Two gallons of water per pound of coffee are suggested for a perfect brew, served with 22 per cent cream. A pleasing brew is promised with two and a quarter to two and a half gallons of water per pound of coffee, with 18 per cent cream.

Illinois Hospitals to Study Cost of Auto Accidents

Economic Survey of Three States Brings Continued Discussion at Chicago Convention; Milwaukee Wants 1933 A. H. A. Meeting

HOSPITALS of Illinois joined a number of other states which have agreed to make extensive studies of the financial and other phases of automobile accident service, at the 1932 tri-state hospital conference in Chicago April 27-29. A resolution asking that this study be made for a period of six months, and another resolution asking that a study be made of systems of state aid for hospitals in other states were among those passed.

The conference was well attended and the visitors from Wisconsin and Indiana, which states met jointly with Illinois, also were approximately as numerous as in other years.

Greatest interest centered in a study of the economic situation among the hospitals in the three states.

Officers elected by the three associations were:

Illinois: J. Dewey Lutes, superintendent, Ravenswood Hospital, Chicago, president; Clarence H. Baum, superintendent, Lake View Hospital, Danville, first vice-president; Sister Stephanie, St. Joseph's Hospital, Chicago, second vice-president; E. I. Erickson, Augustana Hospital, Chicago, secretary-treasurer; trustees—Charles A. Wordell, St. Luke's Hospital, Chicago; George S. Hoff, Danville.

Indiana: George William Wolf, business manager, Home Hospital, Lafayette, president; Edw. Rowlands, Indianapolis, president-elect; Gladys Brandt, Cass County Hospital, Logansport, executive secretary.

Wisconsin: Dr. R. C. Buerki, University of Wisconsin Hospital, Madison, president; J. G. Crownhart, executive secretary; vice-presidents—Caroline Herrl, Waukesha Municipal Hospital, and Sister Claveria, St. Mary's Hospital, Wausau.

The Wisconsin association voted to invite the American Hospital Association to Milwaukee in 1933.

The Illinois and Wisconsin associations occupied the first day with round table discussions, while Indiana discussed collections, hospital charges, laboratory and X-ray depart-

ments, outpatient departments, and poor relief laws. The second morning saw a joint consideration of the economic situation in the three states. Highlights of this were the following occupancies: Illinois, 50 per cent; Indiana, 54 per cent; Wisconsin, 60-69 per cent.

These surveys proved of great interest as a basis of discussion, but it was apparent that the averages were based on hospitals of different types of control, such as municipal, country, private, etc. The Wisconsin summary was the most optimistic, and in the discussion which took up the greater part of the morning it was generally agreed that no methods of meeting conditions had been offered which had not been tried by some hospital. A feeling of encouragement developed as the discussion continued, and the impression was that this frank consideration of the situation had been very much worthwhile.

Business machines, personnel and methods of determining costs and of meeting deficits occupied the afternoon session. The Chicago Hospital Association was host to the visitors at the entertainment following the evening banquet. Charles A. Wordell, president of the Chicago association, was toastmaster, and Paul H. Fesler, president, American Hospital Association, the speaker.

Noise control, publicity, the care of communicable diseases in general hospitals, and methods of keeping

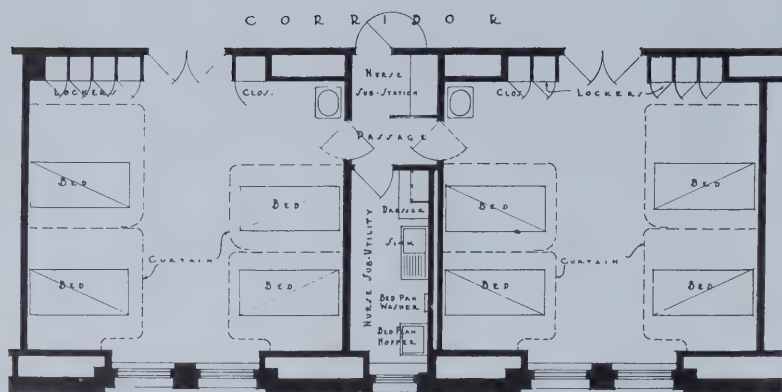
abreast of the field formed the topics at the Friday morning meeting, and the conference concluded with a round table in the afternoon at which there was discussion and comment on morale, occupational therapy, patients' library, anesthetics, laboratory service, nursing, economic problems of patients, and food administration.

Hospital executives who participated besides the officers in the program, and those mentioned, included: Dr. E. T. Thompson, University of Indiana Hospitals, retiring Indiana president; Albert G. Hahn, Deaconess Hospital, Evansville; Dr. J. R. Tracy, roentgenologist, St. John's Hospital, Anderson; Hannah Rosser, Vermillion County Hospital, Clinton; Lizzie L. Goepfinger, Culver Hospital, Crawfordsville; Louise Hiatt, Clinton County Hospital, Frankfort; Albert Stump, Indianapolis; Rev. H. L. Fritschel, Milwaukee Hospital; John C. Dinsmore, University of Chicago Clinics; Asa S. Bacon, Presbyterian Hospital, Chicago; Charles A. Lindquist, Sherman Hospital, Elgin; Mabel W. Binner, Children's Memorial Hospital, Chicago; Macie N. Knapp, Brokaw Hospital, Normal; L. G. Vonder Heidt, West Suburban Hospital, Oak Park; Dr. F. G. Carter, Ancker Hospital, St. Paul; Howard E. Hodge, Decatur and Macon County Hospital, Decatur; Ralph M. Hueston, Silver Cross Hospital, Joliet; Winifred Brainerd, Presbyterian Hospital, Chicago; Selma Linden, Presbyterian Hospital, Chicago; Dr. Ben Morgan, Chicago; Dr. J. J. Moore, Chicago; Joy Erwin, Passavant Hospital, Chicago; Lucy C. Finley, Indianapolis City Hospital; Katherine Mitchell Thoma, Michael Reese Hospital, Chicago.

MILLION VOLT EQUIPMENT

It is announced that Mercy Hospital, Chicago, has ordered a 1,000,000-volt X-ray apparatus for its cancer clinic, which is in charge of Dr. Henry Schmitz. This equipment, according to the manufacturers, is only the second installation of its kind in the world, the other having been placed in Memorial Hospital, New York, last fall.





Here is physical set-up for group nursing in pavilion for patients of moderate means, Mt. Sinai Hospital, New York, Dr. S. S. Goldwater, consultant, and Robert D. Kohn and Charles S. Butler, architects.

Five Months' Experience With Group Nursing at Mt. Sinai

(Continued from page 50)

are coming around to the view that group nursing under this plan is meeting a distinct need, and they have found that it provides a grade of nursing service which meets adequately the needs of most of the patients."

The hospital has printed the following information about nursing service in the pavilion for patients of moderate means:

Three types of nursing care are offered to patients admitted into the pavilion. In order that proper room assignments can be made, patients are asked to indicate their choice at the time of making application for admission.

I. GROUP (COOPERATIVE) SPECIAL NURSING.

This is a superior type of nursing service supplied by a special staff of carefully selected graduate nurses, organized in collaborating groups for continuous or 24-hour duty; under this plan a nursing team is assigned to a small number of patients occupying adjoining cubicles all under direct control from a well-equipped local nursing station; the physical arrangement is such as to insure constant contact of nurse with patient and to facilitate immediate attention to patients' needs. The hours of duty likewise are arranged to insure maximum individual nursing care, and uninterrupted service by the same nurses is assured throughout the patient's stay. The plan may be described briefly as one of cooperative special nursing. The cost to each patient (less than the cost to the Hospital) is \$6.50 per calendar day or fraction thereof for day and night nursing combined. This type of nursing service is recommended by the Hospital and is available only to patients occupying designated group rooms. Patients transferred to other rooms or sections of the Hospital cannot be provided with this service.

II. INDIVIDUAL SPECIAL NURSING.

This is a type of service wherein the

patient receives the exclusive services of a graduate nurse for the day or night, or both. A patient who requires this type of nursing is charged \$119.00 per week for both day and night nurse, or \$8.50 for each day or night. Nursing of this type is recommended only for those patients who are so ill as to need the continuous and exclusive service of special graduate nurses and is permitted only when requested by the attending physician or surgeon.

III. GENERAL FLOOR NURSING.

This nursing care is rendered almost entirely by student nurses whose services are shared by all patients on floor care. Student nurses are unavoidably subject to frequent change in floor assignments and in hours of duty, due to the exigencies of their educational program. This type of nursing service is furnished by the Hospital without extra charge.

Should A. H. A. Limit Its Membership?

Here are some more comments in regard to the suggestion that the American Hospital Association should limit its membership to insti-



tutions and leave personal memberships to state or other groups:

Dr. Leon S. Lippincott, who as president of the Mississippi State Hospital Association attended the A. H. A. conference of presidents, said: "I am not yet sure whether it would be the best scheme or not. From the extensive discussion at Chicago, it is evident that the present plan of membership in the A. H. A. is not entirely satisfactory. I do feel that some plan whereby all memberships should come through state or regional organizations similar to the plan of the American Medical Association would be desirable. State and regional organizations would, of course, be in the best position to judge the eligibility of candidates for membership, both institutional and personal. Whether it would be best to do away with institutional memberships in the state association I am not certain. In our own Mississippi association at present we have only institutional members, although there is provision for personal memberships. It seems to me also that it would be desirable to have eligibility more specifically defined."

"The American Hospital Association should not limit its membership to institutions only," writes Frank J. Walter, president, Colorado Hospital Association. "Such a policy would considerably reduce the total membership of the association. However, a uniform policy of membership in the various geographical associations and the national organizations should be adopted. Institutional membership should be limited to the American Hospital Association only."

"The membership in the geographical units should be limited to personal membership only, granting automatically to such a member membership in the national association. No state association should accept a member without making him a member of the national association. The national association should not accept a member, either institutional or personal, without receiving the sanction of the state association, which is in a better position to judge the ethical reputation of the individual member or institution. Such a plan would tend to increase the membership of the American Hospital Association."

TRAINING COURSE

The International Hospital Association announces a course in hospital technique at the Municipal and University Hospital, Frankfurt, Germany, September 29 to October 8. The course will consist of lectures, demonstrations, visits and discussions. Dr. Alter Moorenstrasse, Duesseldorf, Germany, may be addressed.

Texas Superintendents Breathe Easier

Almost overshadowing the fine program of the Texas Hospital Association at San Antonio last month was the report of the capture of an impostor who had victimized a number of superintendents of the Lone Star State. How this man was caught was told in detail by E. M. Collier, superintendent, West Texas Baptist Sanitarium, Abilene, and Mr. Collier's description of the incident and of the part HOSPITAL MANAGEMENT played in the affair will be found in a letter on page 17.

Robert Jolly, superintendent, Baptist Hospital, Houston, presided at the sessions, and speakers included Martha P. Roberson, Medical and Surgical Hospital, San Antonio; Bryce L. Twitty, Baylor Hospital, Dallas; Ara Davis, Scott and White Hospital, Temple; Frances Low, dietitian, Methodist Hospital, Houston; Sister Gabriella, Santa Rose Hospital, San Antonio; Ida B. Lockley, Medical and Surgical Hospital, San Antonio; John A. McNamara, Modern Hospital; Dr. M. T. MacEachern; Paul H. Fesler, president, A. H. A.; Dr. Bert W. Caldwell, American Hospital Association; E. Muriel Anscombe, Jewish Hospital, St. Louis, and Dorothy Rogers, University of Texas School of nursing. A talking picture on hospital administration was another feature, an outstanding impression being the general good fellowship and the unusually lively discussion.

C. Q. Smith, president-elect, Methodist Hospital, Fort Worth, succeeds Mr. Jolly as president.

MISSISSIPPI MEETING

The annual session of the Mississippi Hospital Association was held at Jackson April 11 with 70 present. Dr. Leon S. Lippincott, Vicksburg, presided. The report of the secretary-treasurer, Dr. C. M. Speck, New Albany, showed an institutional membership of 46.

The committee reports were received as follows: Charity hospitals, Dr. B. B. Martin, Vicksburg; buying, W. Hamilton Crawford, Hattiesburg; collections, G. D. Stanley, Greenville; constitution, Dr. J. S. Ullman, Natchez; community hospitals, Dr. V. B. Philpot, Houston; legislation, Dr. W. W. Crawford, Hattiesburg.

Papers and discussions included those on "Personnel" by Dr. W. J. Anderson, Meridian, and H. Ogden, Hattiesburg; "Revenue" by Dr. J. Gould Gardner, Columbia, and Dr. W. H. Frizell, Brookhaven; "Economics," by Dr. John C. Culley, Oxford, and Dr. J. A. Rayburn, Natchez; "Collections," by Mrs. Karenza Gilfoy, Jackson, and Rev. Wayne Alliston, Jackson; "Training Schools," by Mary H. Trigg, R. N., Greenwood, and Mary E. Dorsay, R. N., Greenville.

A committee on minimum standards and a committee on nursing were authorized. The publication of a quarterly bulletin was decided upon.

Dr. W. C. Walker, Houlika, was unanimously elected an honorary member.

The incoming vice-president was authorized to attend the meeting of the State Hospital Association officers at the headquarters of the American Hospital Association as representative of this association.

The election resulted as follows: Presi-

dent, Dr. J. Gould Gardner, Columbia; vice-president, Dr. R. J. Field, Centerville; secretary-treasurer, Dr. Leon S. Lippincott, Vicksburg. Directors, Dr. John C. Culley, Oxford; Dr. V. B. Philpot, Houston.

At the banquet Dr. Felix J. Underwood, Jackson, was toastmaster. The address, "How to Be Saved," was delivered by Will Ross, Milwaukee. Other speakers were Dr. W. S. Leathers, Vanderbilt University school of medicine, Nashville, and Dr. John C. Culley, Oxford, president, Mississippi State Medical Association.

Hospital Housekeepers Active in Local and State Associations

OHIO HOUSEKEEPERS

A number of hospital housekeepers were present in Cleveland April 1 and 2 at the organization of an Ohio chapter of the National Executive Housekeepers Association, and in recognition of this type of membership Mrs. Gertrude R. Glover, executive housekeeper, Miami Valley Hospital, Dayton, was elected to the board of trustees of the new organization.

Among the speakers was Mrs. Jessie H. Addington, executive housekeeper, Presbyterian Hospital, New York, who explained the routine of her department and the numerical method of identifying linens in vogue in that institution. A discussion of linen control followed her talk.

A fine attendance rewarded Mrs. Adele B. Frey, Hotel Hollenden, Cleveland, who organized the meeting and who was named first president of the Ohio chapter. Among the guests and speakers were: Margaret A. Barnes, Hotel Roosevelt, New York, national president; Lizbeth Lockwood, New York, publicity director; Mrs. Viola Grogel, president, Detroit chapter; Theo. DeWitt, DeWitt hotels; Mrs. Marie Fenner, Devon Hall, Cleveland; W. C. Dixon, Cleveland; Mrs. B. R. Martin, Hotel Cleveland; L. E. Peirce, managing director, Hotel Cleveland; Mary E. Hayes, Queen City Club, president, Cincinnati chapter; W. R. Belford, Leshner, Whitman Company; Ray T. Crowell, Sherwin-Williams Company; J. E. Dyer, San Hygiene Upholstering Company; Walter Fankhauser.

Officers of the Ohio chapter include: president, Mrs. Frey; vice-president, Mrs. Edith Picker, Akron City Club; secretary, Arlene Lance, Mayflower Hotel, Akron; treasurer, Margaret Wean, the Van Cleve, Dayton.

Board of directors: Mrs. Gertrude Glover, Miami Valley Hospital, Dayton; Mrs. Rhea Newquist, Neil House, Columbus; Mary E. Hayes, Queen City Club, Cincinnati; Mrs. Janet O'Toole, Park Lane Villa, Cleveland.

CLEVELAND HOUSEKEEPERS

A meeting of the Cleveland Chapter, National Executive Housekeepers Association was held at St. Luke's Hospital recently, Martha Woodhouse being hostess. Mrs. Frey, president, introduced Dr. C. S. Woods, superintendent, who spoke on the duties of the housekeeper. He said the housekeeper who could teach her maids to work and not talk would have no difficulty in putting her house in order. He illustrated the difference in a hospital and hotel maid. In a hotel the maid has a chance to get in the room while the guest is out, but in a hospital the maid must be trained to do things quietly while in a

patient's room, so as not to upset him. He pointed out a housekeeper is always exposed to the criticisms of the guest or patient. She must be able to accept them nicely and gracefully whether they come from people who know and understand or people that do not. A wise housekeeper does more than her duty without seeming to interfere with the other departments. She must at all times cooperate with every department because she stands on the crossroad.

A discussion took place with reference to a meeting of the Ohio State Association at Cedar Point, in July, to which the Detroit Chapter has accepted an invitation.

It has been arranged to change the meeting to the second Tuesday of each month instead of the last Thursday.

NEW YORK HOUSEKEEPERS

The April meeting of the New York Chapter, National Executive Housekeepers' Association, was held at the Sherry-Netherland, with Anne Owens as hostess. Speakers included Mrs. Grace Brigham, Crete M. Dahl, Margaret A. Barnes, M. Edwin M. Mullin, Grace Stanistreet, Mrs. Viola H. P. Brown, Mrs. Rose T. Alden, Mrs. Pauline Hart.

The publicity committee reported the excellent recognition given the Association during the western trip, also an editorial in HOSPITAL MANAGEMENT. New members introduced included: Mrs. Rose J. Foley, Montefiore Hospital; Mrs. Doris Dungan, Jeanes Hospital, Fox Chase, Pa.; Mrs. Ida F. Catton, Memorial Hospital, Morristown, N. J.

CINCINNATI ORGANIZES

Executive housekeepers of hospitals, hotels and clubs of Cincinnati recently organized a chapter of the National Executive Housekeepers Association. The national president, Margaret A. Barnes, Roosevelt Hotel, New York, was present. Election of officers resulted as follows:

President, Mary E. Hayes, Queen City Club; vice-president, Mrs. Nannie Applegate, Netherland-Plaza; secretary-treasurer, Sara Lee Tuck, Jewish Hospital; publicity director, Rose Stoddard, Children's Hospital.

Directors: Mrs. Grace Berger, Hotel Gibson; Mrs. Harriet Baber, Longview Hospital; Mrs. Portia Hufford, Parkview Hotel; Mrs. W. D. Miller, Cincinnati Country Club.

Committee chairmen: Membership, Mrs. Louise Woodrow, Vernon Manor; house, Katherine Lawler, Jewish Hospital; program, Mabel C. Garmon, nurses' residence, Jewish Hospital; sick, Mrs. Margaret Shaver, Hotel Alms.



Lively Session Features Program Of Southern Hospitals

Development of Each State Association Decided On, With Another Joint Program in 1933, Rather Than an Effort to Merge Hospitals Into One Organization

HOSPITAL executives of Arkansas, Kentucky and Tennessee held a most enjoyable and successful convention at Hotel Chisca, Memphis, April 18 and 19, as a result of which there is expected to be considerable activity and expansion of the three associations sponsoring the meeting and of several adjoining states.

A program covering food service, responsibilities of superintendents, hospital insurance, workmen's compensation, hospital charges, flat rates, automobile accidents, nursing, and the responsibility of staff members in reducing hospital accidents provoked a lively and helpful discussion, and the spirit of informality and good fellowship which prevailed throughout had much to do with the practical comments. The program as presented in March HOSPITAL MANAGEMENT was followed with practically no changes.

Georgia sent a delegation of about a dozen, and Alabama, Mississippi and Texas also were represented.

While there had been a considerable previous discussion concerning the proposal to establish a Southern

hospital association, it was decided to hold another joint meeting next year, and to preserve the independence of the various state associations and to encourage their development rather than to attempt to merge the different memberships into a Southern group.

The Memphis Hospital Association proved enthusiastic hosts, and with the Tennessee League of Nursing Education provided a barbecue for the men and a theater program and dinner for the women after the first day's session. Active in the local arrangements were George D. Sheats, superintendent, Baptist Hospital; Dr. Henry Hedden, superintendent, Methodist Hospital; R. G. Ramsay, superintendent, Gartly-Ramsay Hospital, president of the Memphis Association; C. W. Thompson, Campbell Clinic, vice-president; and B. P. Moffatt, Methodist Hospital, secretary of the local association.

Dr. Eugene B. Elder, superintendent of Knoxville General Hospital; L. C. Gammill, Baptist State Hospital, Little Rock; and Agnes O'Roke, Kosair Hospital, Louisville,

as respective state presidents, divided the responsibilities of presiding officer.

The new officers of the three associations include:

Tennessee: George D. Sheats, president; Olivia Shortt, Clarksville, first vice-president; J. H. Mauney, Fort Sanders Hospital, Knoxville, second vice-president; and B. P. Moffatt, secretary-treasurer. Dr. Elder was named on the executive committee.

Arkansas: The Right Rev. Monsignor J. P. Fisher, Little Rock, president; Caroline T. Snyder, Trinity Hospital, Little Rock, vice-president; T. J. McGinty, Pine Bluff, secretary-treasurer. Executive committee—Mrs. John C. Green, Miss Snyder, and Mr. Gammill, all of Little Rock, and Sister Ignatius of Fort Smith.

Kentucky: Agnes O'Roke, president; Mrs. Madge Hamnette, Louisville, executive secretary.

Among the hospital executives registered were:

C. Rufus Rorem, Julius Rosenwald Fund, Chicago.

Dr. H. D. Gray, Baptist Hospital, Memphis.

LEADING THE WAY in modern hospital window screening

SEVEN years of satisfaction-giving history. . . . Seven years of close study of the window-screen requirements of large buildings as well as individual dwellings. . . . Seven years of co-operation with architects and builders. . . . These are some of the reasons why RolSCREENS of Pella are found in hospital, sanitarium, hotel, club, apartment, fraternity and office buildings throughout the United States and in many foreign countries. The list below shows some of the representative users in the two first-named

groups. These alone represent more than 24,000 RolSCREENED windows. Modernize! RolSCREENS can be installed in old buildings as easily as in new constructions. *They roll up and down—like a window shade.* They're permanent—no putting up and taking down every year. They've many other advantages — for convenience, beauty, safety, maintenance and window-washing economy. **GUARANTEED TEN YEARS.** Mail coupon and get the complete story of RolSCREENS of Pella — the genuine.

CALIFORNIA

Nurses' Home, Lutheran Hospital, Los Angeles
Olive View Sanitarium . . . San Fernando
Christian Science Rest Room . San Francisco

COLORADO

St. Francis Sanitarium . . . Colorado Springs

DELAWARE

Home of Merciful Rest . . . Wilmington
Nurses' Home, Wilmington General Hospital, Wilmington
Nurses' Home, State Hospital . . . Wilmington
Delaware State Hospital . . . Wilmington

FLORIDA

Spanish Hospital . . . Tampa

ILLINOIS

St. Anthony's Hospital . . . Alton
St. Elizabeth Hospital . . . Danville
Lake View Hospital . . . Danville

INDIANA

Methodist Hospital . . . Indianapolis
Nurses' Home, Grant County Hospital, Marion

IOWA

Physicians' Clinic . . . Fort Dodge
Dr. O. W. Wyatt Hospital . . . Manning
Lutheran Hospital . . . Fort Dodge
Sac and Fox Sanitarium . . . Toledo
St. Anthony's Hospital . . . Carroll
Mahaska County Hospital . . . Oskaloosa
Iowa State College Hospital . . . Ames
Hamilton County Hospital . . . Webster City
State Hospital . . . Woodward
Burlington Hospital . . . Burlington
Broadlawns Hospital . . . Des Moines

OHIO

Longview Sanitarium . . . Cincinnati
T. B. Sanitarium . . . Cincinnati
Nurses' Home, Christ Hospital . . . Cincinnati
Christ Hospital . . . Cincinnati
Nurses' Home, Jewish Hospital . . . Cincinnati
Nurses' Home, City Hospital . . . Cleveland
Resident's Staff Bldg., City Hospital, Cleveland
Jewish Orphanage Hospital . . . Cleveland
Mercy Hospital . . . Canton

OKLAHOMA

St. John's Hospital . . . Tulsa
Flower Hospital . . . Tulsa
T. B. Ward Bldg. . . . Tahlequah
Stillwater Infirmary . . . Stillwater

PENNSYLVANIA

Mercy Hospital . . . Altoona
Children's Ward, Northeastern Hospital, Philadelphia
Dining Room, Northeastern Hospital, Philadelphia
Nurses' Home, Northeastern Hospital, Philadelphia
St. Luke's Hospital . . . Philadelphia
University Penna. Hospital . . . Philadelphia
Women's College and Hospital . . . Philadelphia
Drueding Bros. Hospital . . . Philadelphia
St. Agnes Hospital . . . Philadelphia
Children's Hospital . . . Philadelphia
J. Wm. White Surgical Pavilion, Philadelphia
U. of P. Hospital . . . Philadelphia
Evangelical Home for the Aged . . . Philadelphia
Martin Maloney Clinic . . . Philadelphia
St. Rosalia Hospital . . . Pittsburgh
Windber Hospital . . . Windber
Dr. Meisenhelder's West Side Sanitarium, York
Nurses' Home, West Side Sanitarium . York

TENNESSEE

Meharry Medical Hospital . . . Nashville
Vanderbilt University Hospital . . Nashville

TEXAS

St. David's Hospital . . . Austin

UTAH

Latter Day Saints Hospital . . Salt Lake City

KANSAS

Bethesda Hospital . . . Goessels
Topeka Security Benefit Hospital, Independence

MARYLAND

Methodist Home for the Aged . . Baltimore
Masonic Hospital for Children . . Baltimore
Children's Hospital . . . Baltimore

MASSACHUSETTS

Beverly Hospital . . . Beverly
Springfield Hospital . . . Springfield

MICHIGAN

Michigan State Sanitarium . . . Howell
Nazareth Dormitory, New Bergess Hospital Corporation . . . Kalamazoo
Mercy Hospital . . . Monroe
Jackson City Hospital . . . Jackson

MISSOURI

Colored T. B. Hospital . . . Leeds

NEW JERSEY

Hospital Staff House . . . Jersey City
Aurora Health Farm, Sanitarium, Morristown

NEW YORK

City Hospital . . . Syracuse
Highland Hospital . . . Rochester
St. Mary's Hospital . . . Niagara Falls
New York State Hospital . . . Sonoma
Chenango Memorial Hospital . . . Norwich
Hospital and Nurses' Home, St. John's
Riverside Hospital . . . Yonkers
United Hospital . . . Portchester
Private Pavilion, Mt. Sinai Hospital, New York City
B. Barton Hepburn Hospital . . Ogdensburg

WEST VIRGINIA

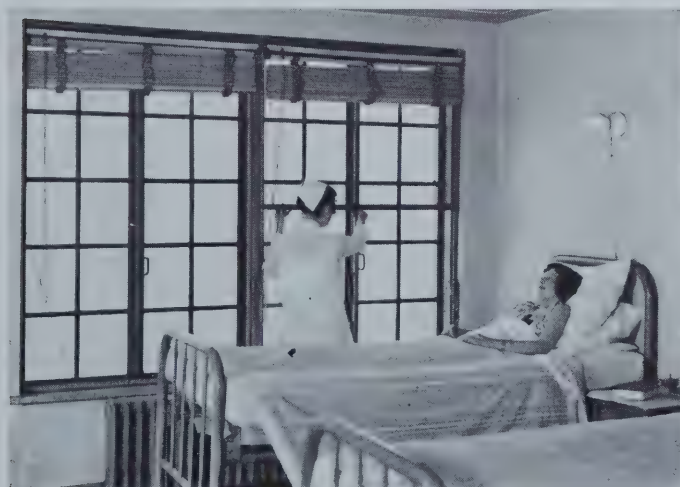
Camden Clark Memorial Hospital, Parkersburg

CANADA

Laval Hospital . . . Quebec
X-Ray Dept. St. Luke's Hospital, (Screens equipped with Cel-O-Glass) . . Montreal

FOREIGN

Brisbane Hospital . . . Brisbane, Australia
British Hospital . . . Buenos Aires, Argentina
Spanish Hospital . . . Buenos Aires, Argentina
Baptist Sanitarium . . . Haarlem, Netherlands
City Hospital Bareaaks, Amsterdam, Netherlands
Hospital . . . Heerlen, Netherlands
Sanitarium . . . Laren, N. H. Netherlands
Hospital . . . Leiden, Netherlands
Red Cross Hospital . . . Tottori, Japan
Shosei Hospital . . . Kobe, Japan
Tsukiji Hospital . . . Tokyo, Japan
Komagome Hospital . . . Tokyo, Japan
Municipal Hospital . . . Yokohama, Japan



ROLSCREENS • O F P E L L A •

ROLSCREEN COMPANY

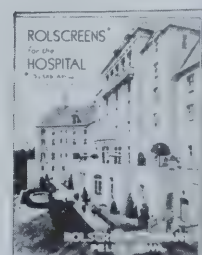
1552 Main Street, Pella, Iowa

Please send illustrated booklet, "RolSCREENS for the Hospital."

Name _____

Institution _____

Address _____



Florence Hightower, Baptist Hospital, Memphis.

W. E. Abernathy, Mason Memorial Hospital, Murray, Ky.

Sister Antonia, St. Bernard Hospital, Jonesboro, Ark.

Sister Adelberta, St. Joseph's Hospital, Memphis.

V. R. Bottomley, Takoma Hospital, Greenville, Tenn.

Lucy Butler, Gartly-Ramsay Hospital, Memphis.

W. D. Barker, Georgia Baptist Hospital, Atlanta.

George R. Burt, Piedmont Hospital, Atlanta.

Dr. W. R. Bethea, Baptist Hospital, Memphis.

Florence Byers, Blytheville Hospital, Blytheville, Ark.

Mrs. J. H. Bledsoe, Supt., Mickson Memorial Hospital, Paragould, Ark.

Mrs. O. N. Brooks, Helena Hospital, Helena, Ark.

Dr. O. P. Christian, Children's Home Hospital, Little Rock, Ark.

Rev. W. E. Cissna, Methodist Deaconess Hospital, Louisville.

Dr. Bert W. Caldwell, American Hospital Association, Chicago.

W. Hamilton Crawford, South Mississippi Infirmary, Hattiesburg.

Sister Mary Celeste, St. Mary's Hospital, Knoxville.

C. P. Connell, Vanderbilt Hospital, Nashville.

Bess Compere, Baptist State Hospital, Little Rock, Ark.

Mrs. Pauline Chastain, Granite Mountain Hospital, Little Rock, Ark.

Miriam Clark, Baptist Hospital, Memphis.

Marguerite Creighton, Baptist Hospital, Memphis.

Blanche A. Davis, St. Joseph's Hospital, Memphis.

Helen Dwyer, St. Joseph's Hospital, Memphis.

Velma Duckworth, Methodist Hospital, Memphis.

Florence Dittes, Madison Sanitarium, Madison, Tenn.

Sister Mary Donatilla, St. Joseph Hospital, Memphis.

Sister Mary Dominic, St. Edward's Mercy Hospital, Fort Smith, Ark.

Miss E. Elder, Baptist Hospital, Memphis.

Sister Mary Edward, St. Agnes Hospital, Morrilton, Ark.

Sister Erharda, St. Joseph's Hospital, Memphis.

Jewel Fink, Baptist Hospital, Memphis.

Ruth May Field, Gartly-Ramsay Hospital, Memphis.

Paul H. Fesler, Wesley Memorial Hospital, Chicago.

H. K. Ford, Little Rock City Hospital, Little Rock.

L. C. Ford, Children's Hospital, Louisville.

J. B. Franklin, Grady Hospital, Atlanta.

Sister Mary Flaviana, St. Joseph's Hospital, Memphis.

Miss Clyde Foust, Colbert County Hospital, Sheffield, Ala.

Mrs. Betty Gilmore, Gartly-Ramsay Hospital, Memphis.

Hazel Lee Goff, Fort Sanders Hospital, Knoxville.

Betty Gray, Knoxville General Hospital, Knoxville.

Mr. and Mrs. Lee C. Gamill, Baptist State Hospital, Little Rock.

Mrs. John Green, Research Hospital, Little Rock.

Katherine Higginbotham, Methodist Hospital, Memphis.

Miss M. Hehnen, Baptist Hospital, Memphis.

Norma Haglund, St. Joseph's Hospital, Memphis.

Ella George Hinton, General Hospital, Memphis.

R. D. Hutchinson, Baptist Hospital, Memphis.

Georgia Holmes, Methodist Hospital, Memphis.

Madge G. Hamnett, Children's Hospital, Louisville.

Norma Harrison, Kosair Hospital, Louisville.

Elizabeth Nairn, Vanderbilt Hospital, Nashville.

Miss Gay Keesee, Baptist Hospital, Memphis.

Emma Hunt Krazeise, Kentucky Children's Bureau, Louisville.

Miss Ora Kent, Baptist Hospital, Memphis.

Rev. G. H. Keller, Warner-Brown Hospital, El Dorado, Ark.

Victoria King, Hospital for Crippled Adults, Memphis.

Elizabeth Killeffer, Fort Sanders Hospital, Knoxville.

Regina H. Kaplan, Levy Memorial Hospital, Hot Springs.

Dr. Louis Levy, Memphis, Eye, Ear, Nose and Throat Hospital.

Mrs. Stella May McKeowen, City Hospital, Memphis.

Dr. J. A. McIntosh, St. Joseph's Hospital, Memphis.

Mrs. Mattis C. Mockbee, Hospital for Crippled Adults, Memphis.

Frank H. Meyers, Baptist Hospital, Memphis.

Christine Musgrove, Gartly-Ramsay Hospital, Memphis.

Mrs. C. T. McCabe, General Hospital, Memphis.

Sister Marie, St. Mary's Hospital, Knoxville.

J. H. Maumey, Fort Sanders Hospital, Knoxville.

Dr. E. P. McGehee, Lake Village Infirmary, Lake Village, Ark.

Augusta K. Mathieu, Vanderbilt Hospital, Nashville.

Bertha McElderry, secretary, Alabama Hospital Association, Talladega.

Mrs. Mary E. Marshall, Rutherford Hospital, Murfreesboro, Tenn.

Sister Martha, St. Bernard's Hospital, Jonesboro, Ark.

W. N. Montgomery, Scott and White Sanitarium, Temple, Tex.

Rose Nuss, City Hospital, Memphis.

Laura Odell, General Hospital, Memphis.

Dr. J. A. Price, Oakville Sanitarium, Memphis.

Fairfax Proudft, Memphis General Hospital.

Dr. H. W. Priddy, Wallace Sanitarium, Memphis.

Mrs. Elizabeth Pryor, Methodist Hospital, Memphis.

Mildred D. Pratt, U. S. Marine Hospital, Memphis.

Sister Pia, St. Bernard's Hospital, Jonesboro, Ark.

Sister Pacifica, St. Joseph's Hospital, Memphis.

Adelaide Perry, Appalachian Hospital, Johnson City, Tenn.

Georgia Rast, Methodist Hospital, Memphis.

Miss Robley, General Hospital, Memphis.

Dr. S. T. Rucker, Lynnhurst Sanitarium, Memphis.

Sister Rita, St. Anthony's Hospital, Morrilton, Ark.

Mary Rhea, Nashville General Hospital.

Helen Robinson, City Hospital, Little Rock, Ark.

Sister Rosetta, St. Joseph's Hospital, Memphis, Tenn.

Edith Searight, Baptist Hospital, Memphis.

Lacey Sigman, St. Joseph Hospital, Memphis.

Lucretia Spears, General Hospital, Memphis.

Nell Sullivan, St. Joseph's Hospital, Memphis.

Dora Stegbauer, Methodist Hospital, Memphis.

Edna Scott, Gartly-Ramsay Hospital, Memphis.

Clara Schuhardt, Crippled Children's Hospital, Memphis.

Sister Simona, St. Joseph's Hospital, Memphis.

Dr. W. H. Slaughter, U. S. Marine Hospital, Memphis.

Margaret Shull, St. Joseph's Hospital, Memphis.

Dr. E. A. Sutherland, Madison Rural Sanitarium, Madison, Tenn.

G. D. Stanley, King's Daughters Hospital, Greenville, Miss.

Olivia Shortt, Clarksville Hospital, Clarksville, Tenn.

Mrs. Dot Smallwood, Haywood County Memorial Hospital, Brownsville, Tenn.

Mary S. Small, Missouri Pacific Hospital, Little Rock, Ark.

Elizabeth Schuh, Missouri Pacific Hospital, Little Rock.

Ella Shaw, Helena Hospital, Helena, Ark.

Elise Smith, Clarksdale Hospital, Clarksdale, Miss.

Mrs. Maude Teasdale, Baptist Hospital, Little Rock.

T. W. Vinson, Kentucky Crippled Children's Commission, Louisville.

Bess Woodrum, Baptist Hospital, Memphis.

Dr. May Gravath Wharton, Upland's Sanitarium, Pleasant Hill, Tenn.

Mother Walburga, St. Bernard's Hospital, Jonesboro, Ark.

Dr. I. R. Wagner, Veteran's Hospital, Memphis.

Dr. J. F. Ward, General Hospital, Memphis.

W. C. Wood, Nashville General Hospital, Nashville.

Dr. B. A. Wilkes, Cape Girardeau, Mo.

Mrs. O. C. Wakenight, Wakenight Sanitarium, Searcy, Ark.

Dr. and Mrs. F. L. Husband, Blytheville Hospital, Blytheville, Ark.

Walter H. Hilgers, Madison Sanitarium, Madison, Tenn.

Sister Mary Ignatius, St. Edward's Mercy Hospital, Fort Smith, Ark.

S. P. Junkin, Granite Mountain Hospital, Little Rock.

Miss Lake Johnson, Good Samaritan Hospital, Lexington, Ky.

Dressing Room Savings

(Continued from page 49.)

ample of the savings in supplies, this hospital now has only four tubes of a certain kind in the central dressing room, where each is immediately available and ready for use. When these tubes were gathered off the floors to be placed in the central dressing room, it was found that there were 56 scattered about the hospital, and sometimes it was difficult to find one in a hurry.



25%

LIGHTER

—easy to turn as a Pillow!

No nurse will wrench her back—or disposition—or break her finger nails—turning *this* mattress. Two convenient handles to grip; 25% lighter weight; one easy, effortless motion and over goes the new featherweight, spring-filled ROME SLUMBERON, the mattress luxurious. Simple as turning a pillow! Specially designed for the surgical bed out of ROME'S thirty-five years' experience in manufacturing superb sleeping equipment. Contains TWELVE exclusive features *new to hospitals*. Hinged

spring construction does what no other spring-filled mattress can do. Know the many ways by which ROME SLUMBERON brings new comfort for the patient, new economy for hard-pressed budgets and new ease for nurses. Mail the coupon below for circular giving full details.

THE ROME COMPANY, Inc.
Sleeping Equipment Par Excellence
 ROME, N. Y. NEW YORK CHICAGO
 SAN FRANCISCO BOSTON

ROME

Slumberon

The Mattress Luxurious

mail

THE ROME COMPANY, Inc.
 1 Park Avenue, New York City, N. Y.

Please send, without obligation, your descriptive circular on the ROME SLUMBERON Mattress for Surgical Beds.

NAME

HOSPITAL

CITY

STATE

What's Wrong With Dietary Departments in Southern Hospitals?

Problems Discussed in This Paper Are to Be Found in Institutions in Other Sections, Too; Proper Staffing of Department Called Most Important Question

By FAIRFAX T. PROUDFIT

Chief Dietitian, Memphis General Hospital; Chairman, Dietetic Section, American Hospital Association

THE hospitals of the South are so situated as to make their problems, in a way, different from those of institutions in other parts of the country. We employ practically all negro help which is of a floating character. Our hospitals are not so numerous, nor in many instances so well equipped as those in the larger cities of the North and East. Our economic situation makes it necessary to utilize every means to improve service without materially adding to the expense.

So much of the comfort and happiness of the entire organization depends upon the food service that it would be well to consider some of the ways and means for improving it. The organization of a hospital is like that of many other institutions—it is made up of a number of separate departments, each more or less dependent upon the other, but which, owing to the difference in the character of their duties, require the employment of a distinctly different type of personnel.

The wise superintendent selects the heads of these departments with greatest care. He must consider individual fitness for the positions, he must be sure of their training, and he must determine whether their personality is such as to make it possible for them to work in harmony with others.

When the hospital administrator has accomplished this, he leaves the management of the department to its chief; he does not dictate policy nor interfere with management. He is concerned chiefly in the ultimate results. If a department falls short of what is rightly expected of it, investigation should be in order, and if necessary, a change made.

Failures occur in all departments, and while it would be decidedly un-

Here is a paper for the superintendent and department executives as well as for the dietitian. It was read at the joint hospital convention at Memphis last month. It is particularly interesting in view of the fact that the author, as chairman of the A. H. A. dietetic section, is compiling a study of food service in medium sized hospitals that will be an important feature on the program of the American Hospital Association at Detroit.

fair to charge them all to the head of the unit, he or she must assume the responsibility. There may be existing circumstances over which she has no control but which, nevertheless, interfere with the work of that special unit. This has proved to be the case frequently in the dietary department, hence it would seem advisable to look more closely into the whys and wherefores of the problems there, for which the poor food service in many institutions is blamed.

Among obstacles to good food service may be mentioned:

1. Lack of organization and improper staffing of the dietary department.
2. Insufficient or antiquated equipment, or both.
3. Lack of cooperation and coordination among departmental heads whose relationship is sufficiently close to cause friction, unless contacts are kept harmonious.
4. Lack of contact among the dietitian and her staff, with the medical staff, the patient, and the per-

sonnel, which is obligatory if good results are to be obtained.

The first of these, in all likelihood, is the most serious since efficiency of the entire department must depend upon the way in which it is directed. Too much stress can scarcely be placed upon the importance of selecting the right person for the position of chief and upon giving her sufficient assistance.

We are prone to minimize the importance of things with which we are not entirely familiar, and with which we are not especially concerned; this has been the experience, more or less, of the hospital dietitian and her department. Every one recognizes that people have to be fed, in a hospital as well as elsewhere, but that it is a matter of scientific adjustment to be undertaken only by trained individuals is a point many hospital executives still consider debatable.

Hospitals in the larger cities have long considered the establishment of a well organized dietary department obligatory, and many of those located in the smaller cities and towns are of the same mind. But a survey of the institutions of the South has brought to light the fact that the well organized and properly staffed dietary department is by no means the rule. To be sure, there are many Southern institutions which are all that could be desired, but the number of hospitals having practically no organization of food service and employing no trained person to direct either the routine house diets or the special diet service is great.

There is a definite movement on the part of the alert Southern hospital executive to bring about a change in conditions. This was evident at the meeting of the dietetic section of the American Hospital As-

Six Pure Fruit Flavors In Interesting Combinations

There
is only one
Jell-O. Seven out of
every ten families
will accept no
substitute

LET JELL-O, a pure, wholesome and delicious food, help you brighten the patient's tray with color and variety.

It can be done most economically, too.

The six pure fruit flavors of Jell-O offer, in themselves, various interesting combinations. For example, orange with lemon; lime with raspberry; lemon with raspberry, strawberry, or cherry.

Jell-O also combines excellently with small quantities of fruits and fruit juices left from other uses.

Other interesting changes in flavor and appearance can be obtained by whipping the Jell-O and folding in marshmallows, fresh fruits, or nuts.

Send today for an assortment of tested quantity recipes for new Jell-O desserts, salads, and variations. All are as easy to prepare as they are economical to serve.



FOR DIABETICS

You can safely let diabetics enjoy the pleasing variety of Jell-O by serving them D-Zerta, widely recommended by the medical profession for patients limited in their carbohydrate intake. The only difference between the two products is that D-Zerta is sweetened with saccharin instead of sugar.

PLEASE FILL IN COMPLETELY — PRINT NAME AND ADDRESS

There is only one
JELL-O

REG. U. S. PAT. OFF.

A GENERAL FOODS PRODUCT

Institution Department, GENERAL FOODS SALES CO., Inc.
250 Park Avenue, New York, N. Y. J-HM-5-32

Please send me free tested quantity recipes for Jell-O in

☐ Salads ☐ Entrées ☐ Desserts ☐ Free D-Zerta Booklet

Name _____

Connected with _____

Address _____

City _____ State _____

In Canada, address General Foods, Limited, Cobourg, Ontario

sociation last fall. The questions which came up for discussion were vital in character and far-reaching in scope, showing that the hospital superintendent of the South did not intend to be left in the rear ranks so far as the improvement of food service was concerned.

The question was asked, "What constitutes a properly functioning dietary department?" Dr. Malcolm MacEachern has answered the question for us. He stated: "The properly functioning dietary department is correlated with three major phases of hospital work: (1) administration—supervision of the general food problem; (2) medical—scientifically dieting of patients; (3) teaching—the instruction of student nurses."

We recognize the necessity for organizing the dietary department upon practically the same general plan as of other departments; that is, it must be placed upon a definite budget to cover its expenditures. Among the numerous duties to be performed by the chief of the dietary department and her staff are the figuring of per capita costs; the judging, selection, preparation and service of food; the disposal and control of waste; the selection, care and replacement of equipment; the estimating, preparation and service of therapeutic diets, and the training of the student nurse.

We hear occasionally of the hospital superintendent complaining of the lack of interest displayed by the dietitian and her assistants in the problems which affect the hospital in general. He sometimes feels that she does not avail herself of the opportunities for becoming better acquainted with her fellow workers, but such complaints are growing less and less frequent. This is proved by the answers returned on a questionnaire sent to hospitals throughout the country.

Personal contact between the dietitian and the patient and the dietitian and the medical staff fosters friendly feeling and makes for a better understanding. If the dietitian makes herself familiar with the personal likes and dislikes of her patient, and does her best to observe them, she will have less complaints of the food service. Or if a physician has certain pet dishes which he likes to have served to his patients, it gives him the feeling that the dietitian is on the job when she remembers to include them.

If, on the other hand, the dietitian is impressed with an exalted opinion of her own ability and endeavors to prove to the doctor that she knows more about the correct dieting of his case than he knows, she will soon

"Another handicap which may be mentioned as one of the obstacles to an efficient food service is the practice in many hospitals of sending nurses to diet kitchen before they have received their preliminary training in dietetics, especially in foods and cookery. Some of these young women have had some instruction in home economics in high school, but in many instances this training has been in sewing. Consequently they enter this department totally unprepared for scientific or practical work."

"In many hospitals the student nurse looks upon this period in the diet kitchen as one of probationary punishment to be endured in order that she may become a nurse. Her work there is poor chiefly because she is doing it without interest and without an intelligent understanding of what it may mean to her in the future."

"So far as the department itself is concerned, any therapeutic dietitian must acknowledge that the work done by such student is far less efficient than that of a well trained kitchen maid. The latter realizes that her position depends upon the amount and quality of the service rendered, whereas the probationer is likely to look upon it as just one more bit of drudgery, and the way it is accomplished matters little so long as it does not prevent her from obtaining the coveted cap."

find that she has materially weakened her position with both the doctor and the hospital superintendent. If she is wise she will recognize her shortcomings and change her tactics; she will substitute tact and diplomacy for the sledge-hammer methods.

Certain institutions employ a hotel man as administrator of the food service. As one trained to judge, select and purchase food, to handle the employes of the kitchens, pantries, etc., as well as to analyze and control the food costs and food waste in the department, such a man is undoubtedly valuable. But no matter how well he understands problems pertaining to this particular phase of hospital work, he cannot assume the position of its chief executive because he has not received the scientific training which would enable him to determine the suitability of one

food over another, so far as therapeutic value is concerned. Nor would he be able to meet the emergencies incident to the conduct of a department in which the scientific as well as practical aspects of the case must be considered. His training, in fact, is directed from a different angle than that of the dietitian. The aim and object for which the trained hotel man strives is to please his public; he serves them what they demand to the best of his ability. With the dietitian it is not only a question of pleasing patients or personnel, but of giving them what they need, and seeing, in so far as it lies within her power, that they like it.

The question as to whether the chief dietitian should buy for the dietary department or whether the buying should be placed in the hands of a steward or purchasing agent is more or less one for the individual institution to decide. In large institutions it is by no means a bad idea to turn over part of the work to one who has given the subject years of serious study and who is prepared to devote his entire time to it. For while the dietitian may be an excellent judge of food and thoroughly understand the multiplicity of detail which is involved in purchasing, her years of preparation in the university and hospital would seem to justify her in relinquishing this part of the work to one who lacks her scientific training and who could not under any circumstances fill her place as chief of the dietary department.

That the department should be properly staffed to enable the chief dietitian to look after the particular duties for which she is so well fitted is a foregone conclusion. That it is not always true may be the cause of at least some of the trouble which has been from time to time charged to the chief of this department and her individual staff.

In the event of the employment of both purchasing agent and dietitian it is essential that the relationship and duties of each should be clearly defined and definitely understood. Friction is disastrous to good service. The most efficient dietitian could not hope to have her department function properly if her requisitions for wards and diet kitchens were disregarded or improperly filled; neither could the purchasing agent hope to keep down the food bills and control waste if the one in charge of the food service did not aid by her sane and efficient ordering.

Weekly conferences of the dietitian, the buyer and the superintendent do much to smooth out the rough spots in the service and prevent mis-

Signatures...



..... that bind you
more than your own

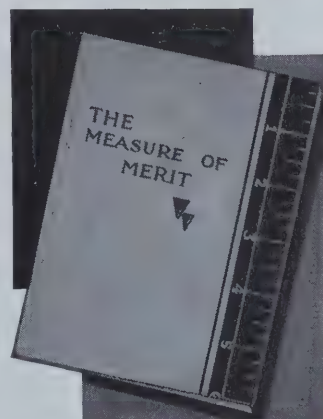
The faith and the hopes of the founders of your hospital are your responsibility. Those courageous men and women who planned and worked and pledged for the success of your institution in its early days look to you now for its healthy and continued growth and profit. As superintendent of this going concern—as member of the board—as executive in charge, you answer for the wise use of its funds. You might take a chance with your own finances. Those of the hospital must not be endangered.

It's easy to recognize your hospital's money's worth in meal distribution. The Ideal System is the accepted standard. Here is a unit of hospital equipment built to the right requirements of long, hard, hospital use—built with the cooperation of experienced hospital superintendents, dietitians and technicians. Consult with one of our field representatives. Go over your requirements with him. Let him submit specifications for your food distribution system. No charge or obligation.

Manufactured by

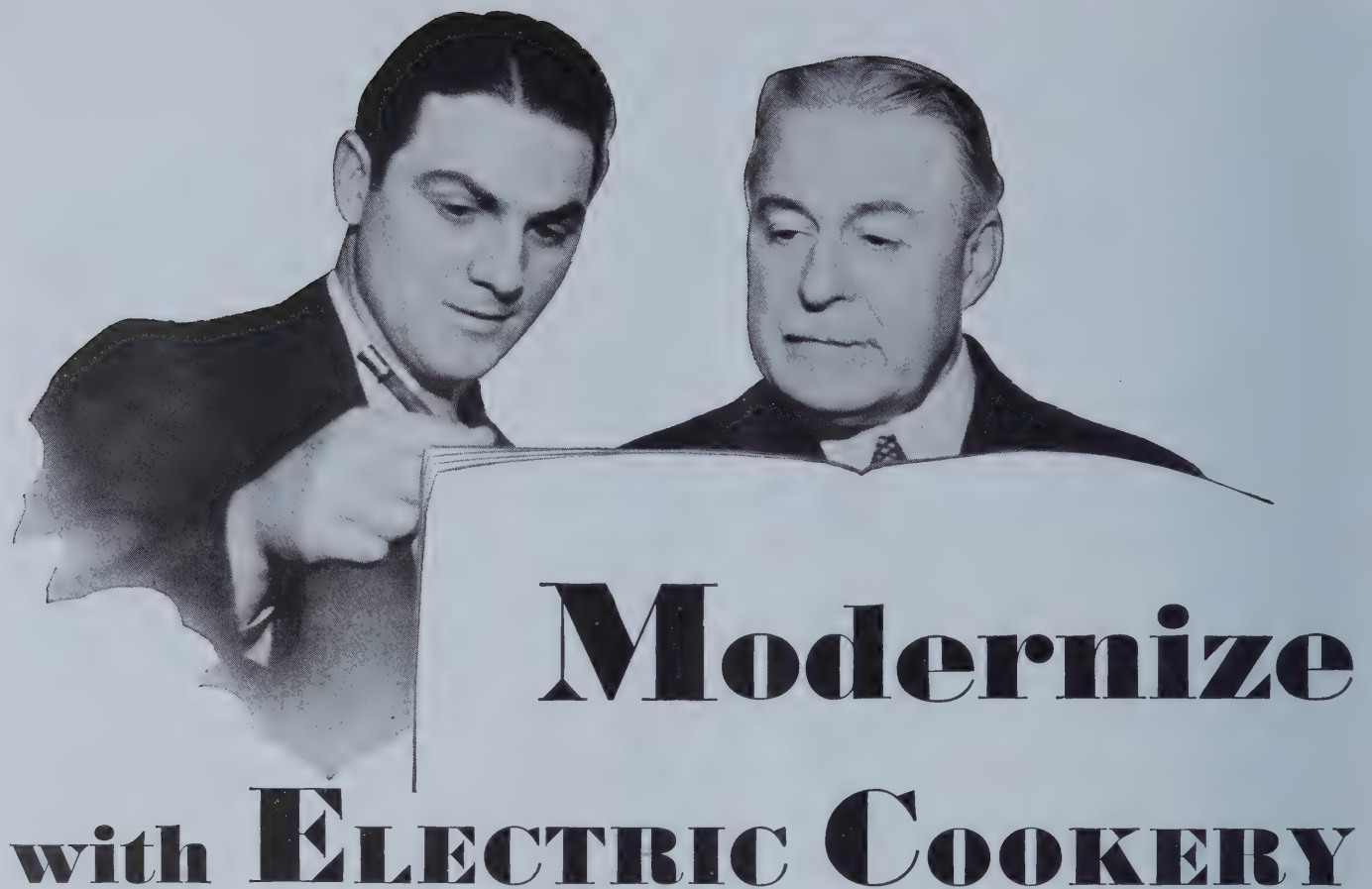
THE SWARTZBAUGH MFG. COMPANY
TOLEDO, OHIO

Associate Distributors: The Colson Stores Co., Cleveland, Ohio, with Branches in:
Baltimore ■ Chicago ■ Boston ■ Cincinnati ■ Buffalo ■ Detroit
■ New York ■ Philadelphia ■ Pittsburgh ■ St. Louis ■ Los Angeles
■ San Francisco ■ Washington Cycle Co., Tacoma, Wash. ■ Canada: THE
CANADIAN FAIRBANKS-MORSE CO., Ltd. ■ Branches in Principal Canadian Cities

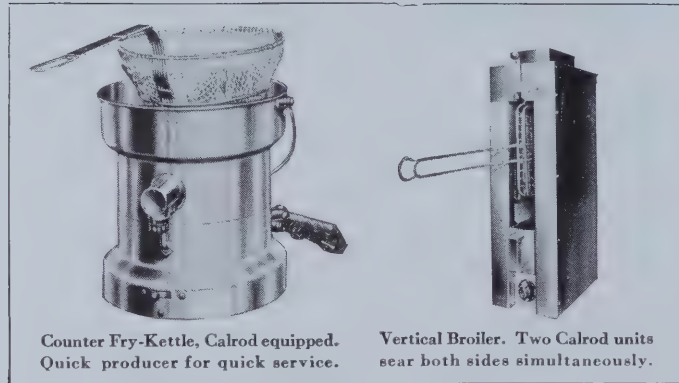


*There are many money-saving
suggestions in this new book.
May we send you a copy?*

Ideal
Food Conveyor Systems



Modernize with **ELECTRIC COOKERY**



Counter Fry-Kettle, Calrod equipped.
Quick producer for quick service.

Vertical Broiler. Two Calrod units
sear both sides simultaneously.

LET GENERAL ELECTRIC EDISON electric cookery methods play the major part in your modernization program. Make your replacements where they will do the most good—in the kitchen. Be sure and get all the *facts* about *modern* electric cookery before you make definite remodeling plans.

Thousands of General Electric Edison installations have proved the amazing efficiency of electric cookery methods. Years of exhaustive experiment and research have brought about

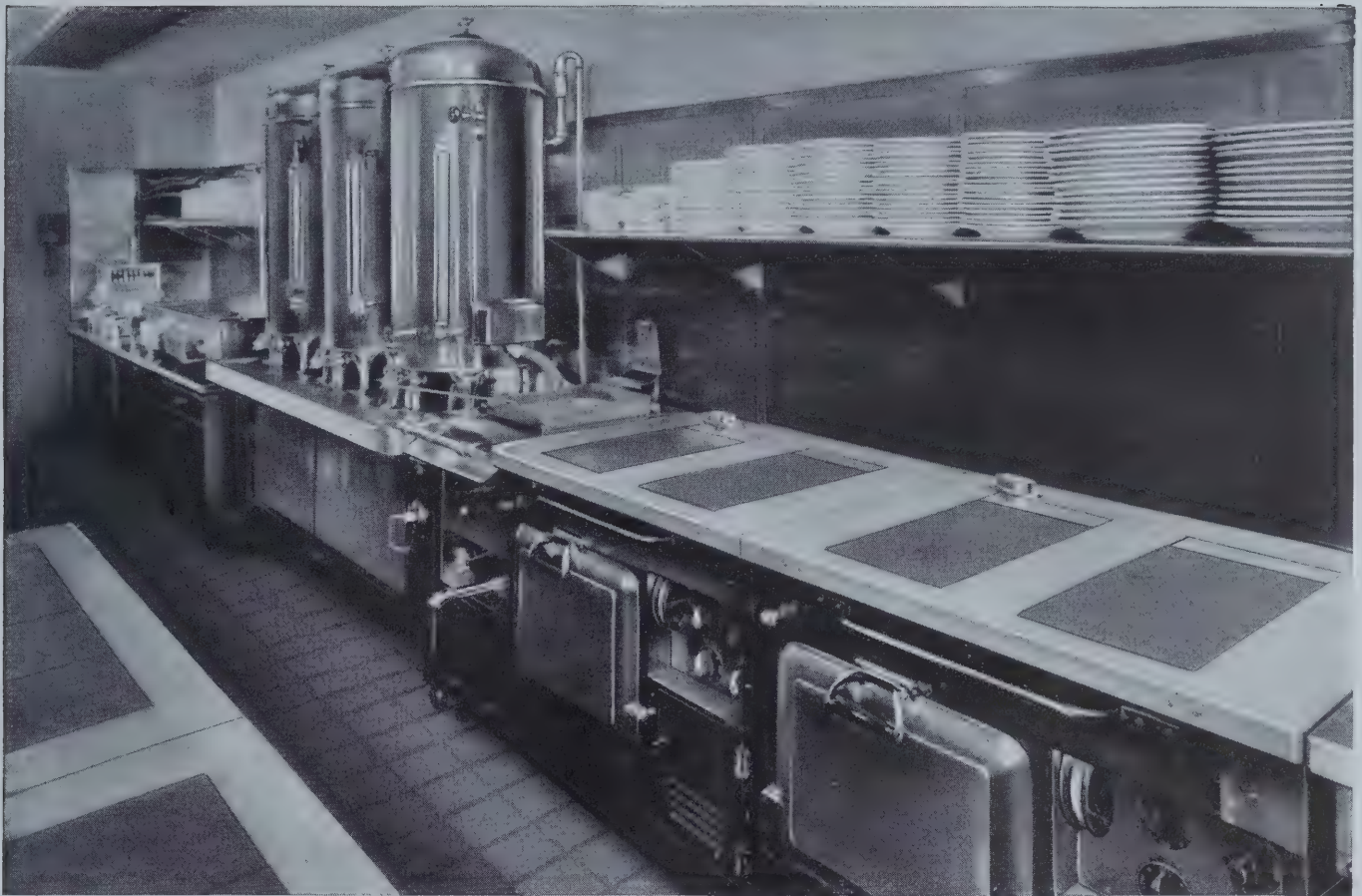
GENERAL



EDISON GENERAL ELECTRIC APPLIANCE CO., Inc.

5676 West Taylor Street, Chicago

WORLD'S OLDEST AND LARGEST MAKERS OF ELECTRIC



General Electric Edison Kitchen Equipment, W. H. Childs' "Old London" Restaurant, New York City

greater economy in maintenance and cost. Now, automatic temperature control, using only sufficient wattage to maintain correct heat, minimizes current consumption and assures positive results.

Electrically cooked food shrinks less, retains its flavor, natural juices and vitamins—goes much further per pound. When electric cooking methods are used, insurance rates are reduced. Maintenance costs are low. Working conditions are better and more healthful. And Calrod, General

Electric's exclusive million dollar Hi-Speed Heating Unit, gives fast, intense, *flameless* heat that speeds up service and keeps kitchen and utensils clean. Calrod brings your kitchen up-to-date.

Every feature of electric cookery brings economy, efficiency, better profits—builds good will. Look into the many features that electric cookery offers—that real modernization demands. See your kitchen equipment jobber today and get the details. Or check and mail the coupon.

ELECTRIC

EDISON

COOKING EQUIPMENT



EDISON GENERAL ELECTRIC APPLIANCE CO., INC.
5676 West Taylor Street, Chicago, Illinois

(check square for information desired)

- ☐ Please send me complete information on the General Electric Edison ☐ Fry Kettle ☐ Vertical Broiler ☐ Egg Boiler.
☐ Please send me complete information on General Electric Edison kitchen and bakery equipment.

Name.....

Address.....

City..... State.....

understanding and friction. The analysis of the food bill, the discussion of the food purchased, and the consideration of the service, not only from a standpoint of dollars and cents but also from a psychological standpoint, should prove of inestimable value, and the satisfaction that properly selected, well prepared and efficiently served food always gives to patients and personnel, surely warrant the trouble such conferences entail.

Misunderstandings never fail to occur when cooperation between those concerned in the food service is not good. The hospital superintendent is not always in a position to judge whether the wheels of the department are running smoothly; he and the board are concerned chiefly with the ultimate results, and while they know when the weekly food bills are too high, or the food is not up to standard, they are not always aware of the reason. For example, should the superintendent, on checking over the food bill, discover that the dietitian had included some expensive delicacy, he probably would question her judgment. But when he is made aware of the psychological value of an occasional surprise on the menu, and when he finds that the cost of the delicacy is to be compensated later by some salad or dessert of lower cost, he applauds her efforts and appreciates what she is doing to win approval for the food service of the hospital.

The giving of authority to one who is neither educationally nor mentally fitted for it is courting trouble for both the individual and for the department. This is especially applicable to the dietary department; the burden of responsibility which must rest upon the shoulders of the administrator of this particular service, calls for a degree of intelligence and sound judgment which can come only with education and practical experience.

The custom of employing a steward, steward-chef or a housekeeper to take charge of the general food service is too common in our Southern institutions to pass without comment. It is not unusual to find attractive trays served in these hospitals, many of which have a reputation for food, but it is equally common to find dissatisfaction among the medical staff since it is manifestly impossible for patients requiring special dietary management to be properly served. Dr. MacEachern's essential to a properly functioning dietary department, "the scientific dieting of patients," is out of the question where the right to decide

what food shall or shall not be served is vested in one whose knowledge is of taste or food costs alone.

This point is clearly demonstrated in the following: A certain patient's diet called for spinach, and the dietitian in charge of the special diet kitchen sent down her requisition. When the supplies were delivered, no spinach was in evidence, but an extra supply of eggs was sent. In a note the steward explained the substitution, stating, "I have no spinach today, so I am sending nice fresh eggs instead."

What could the dietitian do under the circumstances? There are many incidents of like character. It is not the steward who is to blame, he is probably doing his best, but mistakes of this kind continually occur, and the only way to avoid them is to substitute a scientifically trained officer for one who has not had the requisite education.

In a department where diet prescriptions should be filled with the same skill and precision as those compounded by the druggist it is not strange that the service suffers when it depends largely upon the work of such untrained and disinterested workers. That this condition is possible in an approved hospital today is to be wondered at and deplored, but that it does occur is a fact hospital executives should recognize and strive to overcome.

A question which is frequently asked of dietitians by both superintendents and superintendents of nurses is, "Why do you not accept student dietitians for training? They should be able to take over the supervision of the ward kitchens and tray service and by doing so eliminate many of the complaints of patients who claim that the food is cold or the service slow." We recognize the importance and need of efficient supervision on the floors, and with-

out doubt adverse criticism of the food service would be materially lessened if a trained dietitian was in charge. But a student for dietary training is a serious responsibility which should not be taken unless the institution and its staff have the facilities for giving adequate training and comprehensive experience which the American Dietetic Association deems essential. That the hospital is the first to suffer from a discrepancy in her education and training is made evident every day, and until the superintendents select their dietitians with as great care as they do their other department heads, the turnover in the dietary department will continue to be great.

If undue stress seems to have been placed upon the importance of properly staffing the dietary department, it is because from all reports this is one of the most serious problems facing hospital executives today. There are several other problems which loom large in our hospital world, especially here in the South—shortage of efficient help and the question of proper equipment.

Practically all of the unskilled labor employed in the institutions of the South is negro. Experience has proved that negroes, at least the uneducated ones, who find a place in our hospital kitchens are averse to using labor saving devices. It is not at all uncommon to see six or eight negro women engaged in preparing vegetables, a task which one, or at most two, could do in half the time and with probably less than half the waste with the aid of a machine.

We still find dishes being washed by hand in some hospitals, in spite of the fact that a dish washing machine is not only much more sanitary, but more economical. There are a number of other valuable labor saving devices which would increase the efficiency of food service and reduce the expenditures for labor. The answer to most requests for such machines is that they are too expensive, but experience has proved this a fallacy in the majority of cases and it would pay to look into the matter before equipping the new dietary department.

The elimination of certain physical defects in the place set aside for the service of food helps to keep up the morale. It is somewhat difficult to put one's heart into work which must be accomplished under depressing conditions. The dark, stuffy basement kitchens and dining rooms which are still to be found in many of the older institutions emphasize this point. Every one works better in light, well ventilated quarters, and



PASTEUR AND THE CHERRIES



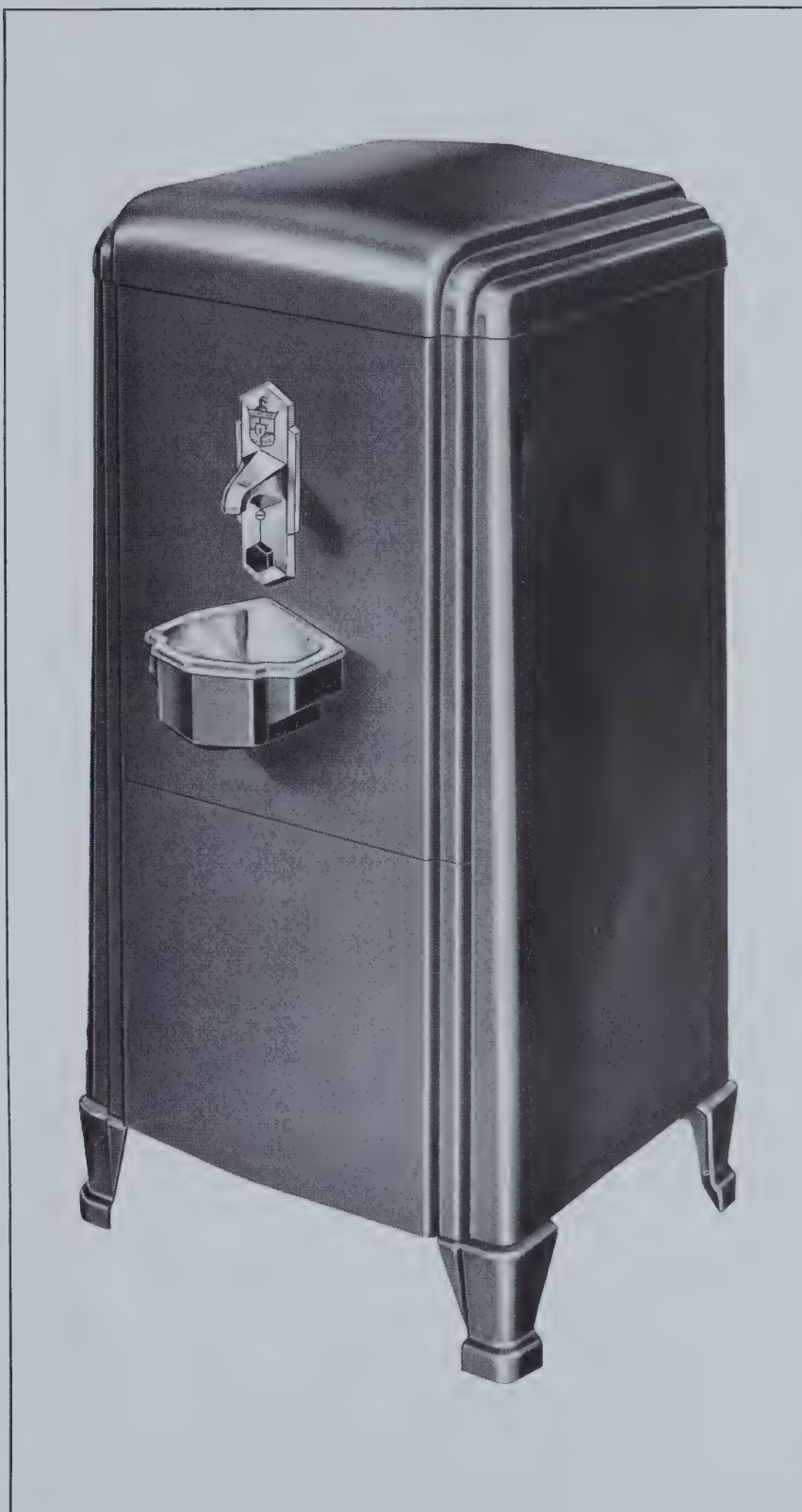
IT is told of Louis Pasteur, that at a banquet, he carefully washed the cherries in a glass of water—and later drank the water. Yet he probably got no more bacteria from that draft than millions of people get daily from obsolete public drinking facilities.

That is why so many hospital authorities have installed Kelvinator water cooling equipment. It is sanitary. It keeps water at a constant, healthful temperature—never too cold nor too warm.

The Kelvinator Refrigeration Engineer in your city is a refrigeration expert who is capable of advising you on installations of any kind, whether for water cooling or the preservation of foods, or drugs. Consult the Classified Section of your Telephone Directory under "Refrigeration—Electric", to find his name. Call him. He can save you money, time and trouble on your refrigeration problems.

KELVINATOR CORPORATION
14246 Plymouth Road, Detroit, Michigan.
Kelvinator of Canada, Ltd., London, Ont.
Kelvinator Limited, London, England.

The new Kelvinator Water Coolers are the finest Kelvinator has ever built. They embody many new and unique refinements and improvements which the K. R. E. will gladly explain to you. The new line includes a type for every kind of water cooling installation.



(538)



Kelvinator

the benefits to be derived from attractive surroundings are being demonstrated more and more in the care and feeding of the sick.

A hospital in Texas is an outstanding example of this; here complaints have been reduced to a minimum among the ambulatory special diet cases by having them take their meals in a dining room specially arranged to eliminate some of the more or less depressing and objectionable hospital features, such as the smell of ether, etc. The room is filled with flowers and is bright with attractive furnishings. Here the patient is taught the significance of his diet and learns to make the special adjustment which his especial case calls for. The figuring of his diet prescription, the selection and preparation of food, is taught with a thought to the social and economic status of the individual, and the friendly surroundings enable him to absorb the essential instructions under the most pleasing auspices.

This venture has proved so successful that similar ones are being put into practice in other hospitals, but the appeal to the senses is not valuable from an esthetic sense only. Science has proved that the effect of the sight, smell and taste of agreeable food is definitely demonstrable; they are known to act as stimuli to the flow of the digestive juices, thus instituting the processes of digestion and hastening its completion.

The teaching of dietetics and diet therapy to student nurses is one of the important duties which rightly belongs to the dietitian. The courses should be planned with care and carried out with the same precision that is used in the teaching of other subjects in the nurse's curriculum. That this is not the case in many schools is evident. In institutions employing only one dietitian it is sometimes difficult for her to accomplish all the work incidental to the management of the food service, and unfortunately it is the teaching part which appears easiest to overlook. As one dietitian remarked, "People have to be fed, the last twenty-five that enter the hospital the same as those already in residence. There is just so much time in which to do it all and only one to direct the entire department—what can you expect?" This is not an exceptional case.

The National League of Nursing Education has been working to standardize courses in dietetics and diet therapy as well as other subjects. State board examinations in all these subjects are required for registrations also. But so far neither agency has been able to remove all

of the influencing factors which militate against the efficient training of the nurse in dietetics.

In conclusion, let me again stress the importance of placing the right person in charge of the dietary service. The employment of an inexperienced person with the view to economy is a grave risk; the young and inexperienced dietitian may have within herself the making of a splendid administrator, but to place her in charge before she has had sufficient experience under the eagle eye of one who has attained her position through years of study and practice

is a dangerous experiment.

The position of chief of the dietary department challenges the ability of the most experienced dietitian. She must combine the qualities of a leader with the ability to put into practice all that she has learned through university training and hospital experience. She must be capable of meeting the emergencies which are inevitable in any important department. In other words, she must be a scientist, a teacher, a good cook and a diplomat to make a success of the dietary department of the hospital.

"Who Should Direct Food Service of the Hospital?"

IN March HOSPITAL MANAGEMENT an article by Christy J. Monsul, veteran chef, gave reasons, from the chef's viewpoint, for poor food quality and service in some hospitals. The author's suggestion was that a competent chef, with other necessary qualifications, should be in charge of the hospital food department, for best results. HOSPITAL MANAGEMENT presented this paper merely as one person's viewpoint and asked opinions from readers. In the last issue a number of comments were published from superintendents and others. Here are some more:

"The article 'Hospital Food Only Good Enough, and Here's Why' appearing in March HOSPITAL MANAGEMENT contains a great deal of truth," writes Dr. Edgar A. Bocock, superintendent, Gallinger Municipal Hospital, Washington, D. C. "The hospital food service is one which receives many criticisms, some warranted and some unwarranted. When one considers that people are taken out of every walk of life, each accustomed to very definitely formed habits of eating, whether they be good or bad, and placed under conditions where they must necessarily eat food concerning which they have very little choice as to what they like or how it should be prepared, can we expect some criticism.

"Food that will supply the needs of the patient, properly prepared, served to the patient hot and attractive, should be the aim of every hospital. Each institution, keeping these points in mind, should work out a system that will fit its own particular need. The food preparation and the details for its service, in most instances, is too much for any one individual to handle properly. It is

necessary to divide responsibility. There can be no doubt as to the value of a well trained chef in the hospital food department. I believe that a good chef can do more than any other one individual to improve food quality in an institution. His authority should include the ordering of the supplies that he deems necessary for the menu that he has to serve. If he does not buy them himself, he should have the authority to inspect and reject them. He should have complete charge of his kitchen and the people directly connected with the work in the food preparation. He should be held responsible for the quality of the food served.

"The menu planning, perhaps, can best be done by the dietitian. She has more time to get the viewpoint of the physician in charge and the patients and plan the food that will best meet the need. The dietitian should consult the chef in planning the menus, for many times he may be in position to offer valuable suggestions. Each should be willing to listen to suggestions from the other. Each should have full authority over his or her own work."

"Problems relating to food, its purchase, preparation and distribution, always interest every hospital superintendent, and we are all anxious to learn how we can improve our own food service," says H. E. Bishop, superintendent, The Robert Packer Hospital, Sayre, Pa. "There are many times no doubt that 'Hospital food is only good enough,' and I was interested in reading what a veteran chef had to say about it, because his experience should teach much. The statement is made that the kind

(Continued on page 80)

“A good way to meet 1932 conditions, Mr. Manager”



Here's a solution for that 1932 problem "How can I cut cooking costs?"... a new line of Vulcan Junior gas ranges especially designed to reduce fuel, labor and food costs.

Here are facts on how these savings are accomplished:

1. Reduce heat losses and gas consumption in oven cooking. *Thick insulation* keeps heat in the oven.
2. Make more effective use of oven heat, due to *improved flue system*. Ovens roast and bake equally well.
3. Prevent overheated ovens and resultant food shrinkage and waste of gas by means of *Oven Heat Control*, which passes just enough gas to maintain temperature desired...and no more.
4. Make top cooking more efficient by spreading heat from one burner under entire "*All-Hot-Top*." Every square inch is usable. Aerated burner has three separately controlled rings. All three rings heat top quickly, then one keeps it hot, economically.
5. *Reduces labor costs*. You get more work from your kitchen force...due to more comfortable working conditions...heat is used to cook food and not to heat the kitchen...ranges require less watching because of closed top and oven heat control...smooth front of range is kept clean more easily, with less work.

We know of instances where Vulcan Heavy-Duty gas ranges have cut fuel bills as much as \$400 per month. Proportional savings should be made by this new Junior Line, for though smaller in size, it embodies the efficiency and low operating and maintenance costs of the Vulcan Heavy-Duty line. Operators of small restaurants, hotels, tea rooms, hospitals, clubs, schools and churches are invited to write for full details on these money-saving gas ranges.

STANDARD GAS EQUIPMENT CORPORATION
18 EAST 41st STREET, NEW YORK CITY
New York . Philadelphia . Baltimore . Chicago . Boston . Birmingham
Pacific Coast Distributor: Northwest Gas & Electric Equipment Co., Portland, Oregon

VULCAN

VULCAN EQUIPMENT MAKES GAS THE MODERN
EFFICIENCY FUEL...CLEAN, FAST AND ECONOMICAL

HOSPITAL MANAGEMENT for May, 1932



● This is the new Vulcan 4712 Junior Range with Salamander Broiler at top and a new All-Hot-Top and open top combination cooking top.

● The new Vulcan 4700 Junior All-Hot-Top Range with high shelf.



Feeding 132 Children, 120 Workers Keeps Dietitian Busy

Here Is a Glimpse Into Activities and Responsibilities of Dietitian of Children's Orthopedic Hospital Seattle, Wash.

By DOROTHY GOODRICH

Dietitian, Children's Orthopedic Hospital, Seattle, Wash.

THE feeding of 132 children ranging in ages from infancy to 14 years, the hospital staff, nurses and employes numbering 120; the buying of food, administration of the dietary department, and teaching of student nurses are the main duties of the dietitian at the Children's Orthopedic Hospital in Seattle.

The dietary department occupies the main floor of the one-story service building, the laundry and engine room being housed in the basement. The main kitchen is a large, airy room with plenty of light from windows and skylights. Vegetable preparation room, storeroom, large cold storage facilities, dish washing unit, special diet kitchen, dietitian's office, and separate dining rooms for staff, nurses and employes complete the unit. In addition, each floor has a

small diet kitchen where the trays for the floor are set up and dishes washed and sterilized. All equipment is modern, monel being used for all table tops. Electricity is the fuel used and all equipment is well placed for greatest efficiency in use.

Menus are made by the dietitian. All foods are purchased and controlled by her. General classes of diets are: Dining room, children's general, children's light, baby soft and special diets. Staff, nurses and employes are served the same menu. For children on general diet, a well balanced menu is planned which will meet the needs of the average child for maintenance and growth and provide necessary minerals and vitamins. The light diet is a modification of the general, all meat being ground, vegetables sieved, and some of the salads and fruits omitted or

supplemented with other foods. The light diet is designed principally for the younger children and for those who, due to the nature of their illness, cannot be given the general diet. Soft and liquid diets are also used, being modified from the light supplemented with food from the special diet kitchen as needed. Baby soft diet is given to the babies who have graduated from the formulae stage, and special diets are served when indicated.

All food for dining rooms and children's general and light diets is prepared in the main kitchen. The staff dining room has maid service, the nurses have partial cafeteria service, and the employes have complete cafeteria service. So far as possible, the same food is prepared for all, the main dishes of the children's meal being the same as those for the dining rooms, thus bringing the work involved in preparation to a minimum. The department employs one cook, one assistant, vegetable girl who is also floor relief girl, one pot washer, one kitchen assistant who also takes care of the employes' cafeteria, three dining room maids, one diet kitchen maid, four floor diet maids, one janitor and one night cook who works on half time.

The diet kitchen on each floor is in charge of a diet maid who sets up the trays, washes and sterilizes the dishes and helps with the serving of meals. She usually takes complete charge of the serving of the morning and evening meals. Each kitchen is equipped with an electric toaster, a small electric plate for heating foods if needed, a sterilizer for dishes, and adequate icebox space for the storage of the day's milk supply, fruit and liquids used for nourishments.

The food is sent to the floors in insulated Ideal food conveyors, one for each floor except medical where most of the patients are on formulae, baby soft or special diets. Trays are set up with cold foods, loaded on a



Main kitchen of Children's Orthopedic Hospital.

Colt Autosan Model R-1—\$460

Have you ever heard of so much dishwashing machine value for \$460? Capacity: 500 people a meal. Principle of cleaning: the outstandingly successful Colt Autosan direct spray. Adjustable feet! Counter-balanced doors! Unique single lever control! Easily removed scrap trays and spray tubes! Made for either corner or straightaway installation! Available in galvanized iron, copper or monel metal! All these in the new Colt Autosan R-1—and, of course, the sturdy construction, long life, and economical operation you expect in an Autosan Dishwasher.

NOW is the time to investigate dishwashing equipment. NOW is the time to mail the coupon below! And remember! Whatever your dishwashing requirements, there is a complete family of efficient Autosans—at prices you can't afford to overlook. Send the coupon today.

COLT AUTOSAN DISHWASHERS

COLT'S PATENT FIRE ARMS MFG. CO.
AUTOSAN MACHINE DIVISION, HARTFORD, CONN., U. S. A.

COUPON

Colt's Patent Fire Arms Mfg. Co.,
Autosan Machine Division, Hartford, Conn.

Without obligation or cost on our part send us

- ☐ data on the Colt Autosan Model R-1
☐ data on the best Autosan for our needs.

We serve.....people per meal.

Name.....

Institution.....

Address.....

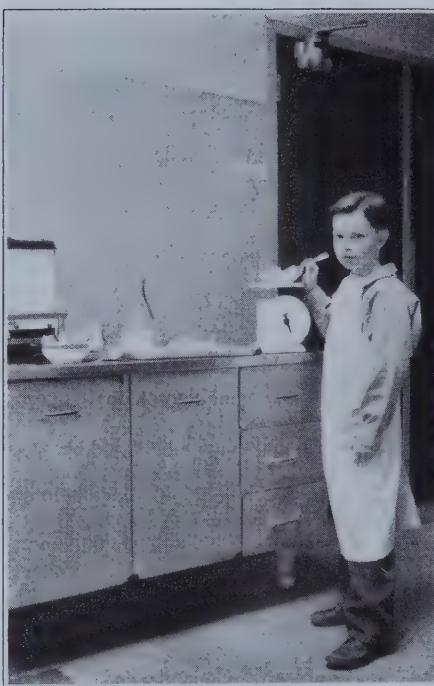
City.....State.....

tray wagon and rolled to the end of the corridor or serving point before the food conveyor is brought from the main kitchen. The children are prepared for their meals with hands washed, bibs on, etc. The charge nurse or assistant assumes responsibility for the serving from the food conveyor and the diet maid and ward helpers carry the trays to the children. As the trays are served, the tray and food carts are moved along the corridor, or to the porch if the children are outside.

No difficulty is experienced in having the food served hot; dishes are warmed before hand; time and steps consumed in serving are at a minimum. The children complain more often that the food is too hot than that it is cold. Ward helpers assist with the feeding of the children. When the serving is finished the diet maid returns to serve second helpings and serve the dessert. It is a standing rule that no dessert is served until a reasonable amount of the meal has been eaten. The eating of vegetables and salads is especially stressed. Frequently a child does not eat well when he first enters the hospital. This may be the result of illness, homesickness, or it may be due to the fact that he is not accustomed to the right kinds of food. Every effort is made to correct faulty food habits and establish new ones. Various methods are used to accomplish the desired result. A very effective way to train a child to eat the right foods is to remove the tray after a certain length of time and offer no more food until the next meal. It usually does not take many meals until he is eating.

Affiliating student nurses are given two weeks' training in the special diet kitchen under the direction of the dietitian. Three or four students are assigned to the department at a time, their time being divided so each student gets a certain number of days on formulae making, nourishments, baby softs and special diets.

Formulae prescriptions are written by the attending physician and prepared in the diet kitchen, the finished product being delivered to a special icebox in the nursery. All equipment for formulae making is kept in a separate cupboard and used for no other purpose. Utensils and bottles are sterilized in the diet kitchen, a sterilizer being provided for this purpose only. The nurse making formulae is required to wear a mask and gown and observe aseptic technique in the preparation. All measurements are accurate. Each bottle is labeled with the infant's name, the correct number of feed-



Older children are instructed in diets.

ings for 24 hours being put in one rack. Many types of formulae are used, the most common being modified cow's milk, evaporated milk, and lactic acid milk. Mothers are given detailed instructions concerning formulae preparation and feeding when the infant is dismissed.

The group of children from about eleven months to two or two and one-half years are designated "baby softs." The majority are cases of malnutrition or cleft palate cases which must be built up preparatory

to operation. For this reason, the diet given these babies is quite concentrated and also high in carbohydrate. The cereal is cooked in milk; sieved vegetables are concentrated with a butter flour mixture; egg yolk or ground liver is usually given every other day. The student nurse assigned to baby softs is responsible not only for the preparation of their food, but also their feeding. Assistance is given by other students in their ward, as there are usually from eight to sixteen babies on this diet, some requiring considerable patience and skill in feeding.

Following is a typical day's diet for this group with the average serving given. A week's menu with instructions for its preparation is sent home with each child.

MORNING—

- 3 ozs. orange juice
- $\frac{1}{2}$ cup cereal
- $\frac{1}{2}$ slice dry toast
- 1 cup warm milk

NOON—

- 3 tbs. sieved vegetables
- 1 tbs. sieved liver or
- 1 egg yolk
- $\frac{1}{2}$ cup custard or junket
- 1 cup warm milk

SUPPER—

- $\frac{1}{2}$ cup cereal
- 3 tbs. sieved fruit, as prunes or apple sauce
- 1 cup warm milk
- 1 piece zweibach or
- 1 graham cracker

Most of the special diets are adaptations of the general or light diet. The student nurse, under the direction of the dietitian, writes the day's menu for the special diets assigned to her, prepares and serves

BREAKFAST—

Dining Room

- Grapefruit
- Scrambled egg
- Toast
- Rollled oats
- Coffee

Children's General

- $\frac{1}{2}$ orange
- Scrambled egg
- Toast
- Rollled oats
- Milk or cocoa

Children's Light

- Orange juice
- Scrambled egg
- Toast
- Rollled oats
- Milk or cocoa

DINNER—

- Roast beef
- Browned potatoes
- Gravy
- Pickle relish
- Buttered peas
- Hot rolls
- Apple pie
- Coffee, tea, milk

- Roast beef
- Browned potatoes
- Gravy
- Buttered peas
- Whole wheat bread and butter
- Apple tapioca
- Milk

- Roast beef—ground
- Mashed potatoes
- Gravy
- Buttered peas—sieved
- Whole wheat bread and butter
- Apple tapioca
- Milk

SUPPER—

- Cream of tomato soup
- Crackers
- Vegetable plate
- Pineapple
- Cottage cheese salad
- Bread and butter
- Peeled baked apple
- Cake
- Tea or milk

- Cream of tomato soup
- Crackers
- Cottage cheese salad
- Bread, butter and jelly
- Peeled baked apple
- Plain cake or cooky
- Milk or malted milk

- Cream of tomato soup
- Crackers
- Cottage cheese salad
- Bread and butter and jelly
- Peeled baked apple
- Plain cake or cooky
- Milk or malted milk

Types of menus, Children's Orthopedic Hospital.

LULU de ROCKS OF THE "400"



Even When She's Hospitalized

WHETHER she is at her favorite hotel in fashionable Newport, or whether illness has confined her to a bed in the hospital she endowed—the socially prominent Lulu de Rocks insists on the best at meal times. Especially is she fussy about her coffee. Mind you, that coffee must be good. She is sulky and irritable if it isn't.

Hospitals everywhere have found that Continental Coffee helps to keep patients and staff contented. It is so dependably fresh, delicious, wholesome and pure. Send for a trial order today.

INTRODUCTORY OFFER. Order 30, 20 or 10 pounds. Use ten per cent for a quality test. If you are not satisfied return the remainder at our expense and you will owe us nothing. Do it now.



Continental Coffee Co.
INC.

"The Coffee with the Delicious Aroma"

IMPORTERS

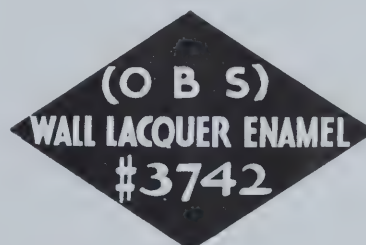
ROASTERS

371-375 W. Ontario St., Chicago, Ill.

3742

put them all
together—the
result is

TENACITY
DURABILITY
LUSTRE



WALLS in public places—corridors, hallways, elevator doors, stairway wells—are all subject to hard daily usage.

That's where Wall Lacquer Enamel # 3742 volunteers for a hard job, and stands the test of hand marks, foot scuffing, and the sundry knocks that public wall space receives in a day.

Zapon Wall Lacquer is impervious to moisture and can be washed down frequently. Finger marks and blemishes rub off easily, and the lacquer film has a stamina that prevents chipping or blistering.

It dries quickly and has no obnoxious odor when applied. The hard finish insures a dust-proof surface.

Ask our local representative to make a test application of #3742. He'd be happy to demonstrate our claims for this lacquer.

"The Standard of Quality Since 1884"

THE ZAPON COMPANY

A Subsidiary of Atlas Powder Company

Stamford



Connecticut

the tray directly to the patient. As the trays do not return to the diet kitchen for clearing, the nurse returns to the floor to ascertain how well the food has been eaten. Each nurse keeps a record of all special diets served, with age, weight, diagnosis, diet given and progress, together with any other interesting facts about the case. The special diets most frequently served are diabetic, nephritic, ketogenic, arthritic, obesity and high calcium. Children on diabetic diets, if old enough, are given instruction in calculation and preparation of their food. Parents of children on special diets are given dietary instruction before the child is dismissed.

Cleft palate patients require a special routine of feeding and their food is also prepared in the diet kitchen. Following operation on the palate, only fruit juices are given for the first three days, milk being excluded because it forms a good medium for the growth of organisms in the mouth. Orange and pineapple have been found to be the most acceptable of the fruit juices, each quart prepared by adding eight ounces of white Karo and four ounces of sterile water to 20 ounces of strained fruit juice. The orange juice is strained through two thicknesses of gauze to remove all particles which might adhere to the sutures. Feedings are given every one or two hours, according to instruction, followed by sterile water to cleanse the mouth. After three days, milk and egg nog are added; malted milk, Jello, broth, tomato juice are added gradually. Any liquid which has no particles may be used. This regime is continued until the tenth day or until the stitches are removed. If the patient is on a formula, this is resumed after the third day. No hard foods, drinking tubes or straws are allowed, which might injure the mouth tissues.

Liquid nourishments are prepared in the diet kitchen and distributed to the floor kitchens each morning. The hospital receives large donations of apples each fall which are given to the children during the winter as afternoon nourishment, and are greatly enjoyed.

HONORARY MEMBERS

The governor, lieutenant-governor, presidents of the State Medical Society and of the State Nurses' Association and the state commissioner of health recently were made honorary members of the Iowa Hospital Association. This association has begun an active program to obtain relief from the burdens of service to automobile accident patients.

Who Should Direct Food Service?

(Continued from page 74)

of chef mentioned is scarce, and I am sure this is true.

"One of the first considerations in hospital food problems which is placed upon those in charge of the planning of the menus is the limitations of full, light and soft diets for hospital patients. There are probably many exceptions, but are not the majority of chefs those who have had hotel training? And such are guided primarily by what will sell rather than by the principles of nutrition. Many chefs do not appreciate the limitations placed on food for patients.

"The properly trained dietitian, it would seem to me, is the one best qualified to accept the responsibility of the food problems of the patient and to be in charge of the entire food organization. The fact that the chef may be subordinate to her in control should not make it impossible, with his staff of workers, to turn out good food with the help and co-operation, to which he is entitled, of the head dietitian."

"Any hospital dietary department, to function successfully, depends upon a well trained dietitian, who does not allow her theoretical methods to exclude the diets of practical experience which are beneficial to the patient," says Alice M. Gagg, superintendent, Norton Memorial Infirmary, Louisville, Ky. "An important factor in diet is the digestibility of food and this must always be taken into consideration by the dietitian. The hospital diet kitchen has taken its place with the operating room and laboratory and is of as much importance in the care of the sick as any of the above integral departments of the hospital.

"In large hospitals where general diets can be prepared under an experienced chef, his employment would no doubt be a piece of good management, but central authority should be invested in a well trained, experienced dietitian who is capable of teaching others and establishing a spirit of co-operation among her helpers."

"I have had all my staff dietitians read the article and we have discussed it thoroughly," writes Ethel C. Pipes, director of dietetics, Vancouver General Hospital, Vancouver, B. C. "We feel that the dietary organization and activities in a 1,000-bed hospital, described in the same magazine, is a very clear outline of

our own situation, ours being that size hospital.

"A competent and conscientious staff in the kitchens and serving rooms is certainly essential when serving food that is better than 'good enough.' My experience has been that constant vigilance is very necessary even with the best of hospital chefs and cooks."

"Mr. Monsul's plea that decentralization of authority in food departments in hospitals results in food service of inferior quality is justified," writes Grace Carden, dietitian Strong Memorial Hospital, Rochester, N. Y. "From the dietitian's point of view, however, the head of the department should be a dietitian and not a chef. It is recognized that a good chef is thoroughly experienced in food handling and in the art of cookery, but the study of nutrition and dietetics has not usually been included in his training nor experience. This fact makes it necessary to engage another person to supervise certain phases of the work, a factor making for decentralization rather than centralization.

"He is quite right, I believe, also in stating that it is difficult for any person to be so subordinated to another of lesser experience than himself. The hospital, however, which is large enough to command the services of an experienced chef will also probably engage an experienced dietitian. The experienced dietitian should be wise enough to recognize the abilities of the chef and to give him sufficient authority in his own domain for the exercise of his executive ability. With this team work but without divided authority the administration should expect a food service of superior quality."

MICHIGAN DIETITIANS

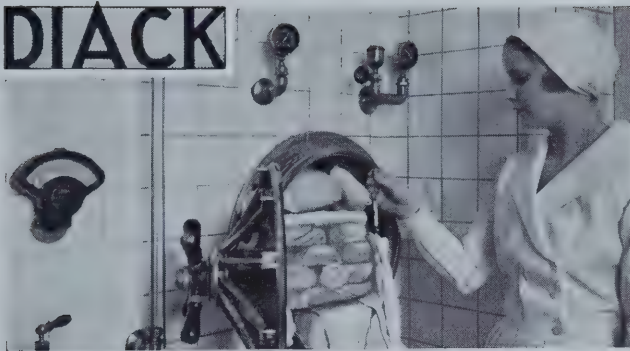
The Michigan Dietetic Association convention at Flint recently included scheduled talks by Dr. R. C. Isaacs, University Hospital, Ann Arbor, and Dr. Hugo Freund, Detroit.

The following officers were elected: President, Gladys Euke, University Hospital, Ann Arbor; first vice-president, Ada Hubly, Butterworth Hospital, Grand Rapids; second vice-president, Inez Stocking, Edward Sparrow Hospital, Lansing; secretary, Lucile Streater, University Hospital, Ann Arbor, and treasurer, Gladys Spring, Harper Hospital, Detroit.

Gertrude Skelton, Flint, spoke on "Cafeteria Management," Miss Streater discussed "The Child as a Hospital Problem." Marcia Ward of the Visiting Housekeepers' Association, Detroit, spoke on "Adequate Diets and the Relief Budget."

The dietitians visited cafeterias at Hurley Hospital and Woman's Hospital and heard a paper on canned goods at a session of the Michigan Hospital Association.

DIACK



CONTROLS

Eliminate Guesswork in

STERILIZATION

Without Diack Controls placed properly in your Autoclave you have no way of knowing the extent of steam penetration—with them you have a positive record. The tablet melts only at sterilization temperature.

Sample Free

A. W. DIACK

5533 Woodward Avenue Detroit, Michigan

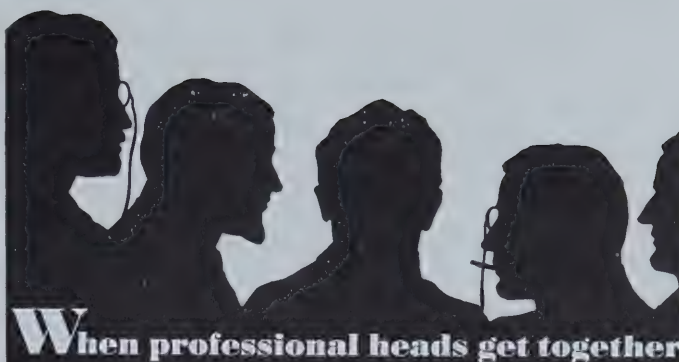
DEPENDABLE



**American Hospital
Supply Corporation**

• CHICAGO •

• PITTSBURGH •



When professional heads get together

ALLONAL 'Roche'

is invariably selected instead of the older and more highly toxic hypnotics—barbital and phenobarbital, for there is ample pharmacological and clinical evidence to prove definitely the superiority of Allonal.



The hypnotic component of ALLONAL has been demonstrated to be

Much quicker in action

Higher in hypnotic efficiency

Less toxic, in relation to its
hypnotic efficiency

More rapidly eliminated,
therefore safer

than either
Barbital
or
Phenobarbital



WARNING:

Beware of tablets cleverly resembling Allonal tablets in shape and color and offered to you as chemical equivalents of Allonal but cheaper. Imitations invariably have either barbital or phenobarbital as their hypnotic component. Allyl-isopropyl-barbiturate, the hypnotic component of Allonal, is made only by Roche.

You can purchase genuine Allonal at the following special hospital prices from our Hospital Sales Department:

1,000 tablets	\$24.00
5,000 tablets	\$24.00 per M
less 5% quantity discount, prepaid express	
20,000 tablets	\$24.00 per M
less 10% quantity discount, prepaid express	

HOFFMANN-LA ROCHE, INC.

Nutley New Jersey



The Nursing Department

Impressions of San Antonio Nursing Convention

By Sister Mary Therese, A. M., B. S., R. N.

John B. Murphy Hospital, Chicago

NEARLY 4,000 nurses were registered at the biennial nursing convention at San Antonio, April 11-15. The keynote was, "What can be done about the over-production of nurses?" and the reiterated recommendation of many of the speakers was, "Close the schools!"

Dr. Burgess, director of the Committee on the Grading of Nursing Schools, brought out that nine months' work a year is the most nurses can hope for as things now are.

"From 1920 to 1930 the population of the United States increased 16 per cent, but the number of graduate nurses increased 96 per cent," Dr. Burgess said. "The United States census for 1930 gives a total of 294,268 trained nurses."

Dr. E. P. Lyon, University of Minnesota, asserted that there is "big money in the nursing racket," at a sectional meeting of the League of Nursing Education. Taking as his theme, "If I Were King," he told what he would do if he were director of the American Nurses' Association. He charged:

That hospitals charge the student nurse for exploiting her.

That hospitals make \$16,000,000 profit each year on student nurses.

That the hospitals are racketeers in nursing.

That there are four times as many nurses graduated as the country needs.

That nine-tenths of the schools must be closed.

That 129 schools would be sufficient to produce the number of nurses needed for the entire United States.

That the nursing school is not responsible for the nursing service in the hospital; the hospital should supply sufficient graduate nurses and not exploit the student.

That the Grading Committee is not solving the problem of nursing education, and that aid should be asked from the American Medical Association and the American College of Surgeons.

Dr. Lyon recommended:

That no hospital be permitted to make a profit on its students.

That 2,000 nursing schools be closed and 100 or more worthwhile schools created.

That nursing education be divorced from the hospital.

That a central school of nursing be established which will be dominated and controlled by a university and not by any hospital; this school to select the hospitals in which nurses are to be educated.

In his criticism of the Grading Committee, Dr. Lyon waxed poetical:

"The Grading Committee, with a whoop and a cry,

Went up to the mountain like a tractor on high;

But the Grading Committee, spite of noise that it made,

When it got to the mountain, could not make the grade."

"Of course," Dr. Lyon added, "there are some very valuable things you are getting from the Grading Committee—you are gaining experience in filling out questionnaires."

Annie W. Goodrich, dean, Yale University School of Nursing, replied to Dr. Lyon's address with the statement that an exact balance between theory and practice to determine the curriculum of nursing schools has not yet been found.

Paul H. Fesler, president, American Hospital Association, said: "The greatest service I can render the small nursing schools is to urge them to close unless they are absolutely necessary to their community."

Elizabeth C. Burgess, president, National League of Nursing Education, thus analyzed the situation in nursing: "The illness of the nursing profession began in its infancy, when, almost immediately after its birth as a new profession for women, it was

adopted—we might even say kidnaped—and became the step-child of a busy and well-meaning family, which saw in this infant money and service value. The hospitals and their ally, the medical profession, have practically controlled the education of nurses for nearly 60 years."

Janet Geister, director at headquarters, American Nurses' Association, said: "We know that under-consumption of nurses comes because private duty nursing has not been modernized. The services of the private duty nurse are still obtainable in the old-fashioned, long-time period of twelve or twenty-four hours." She pointed out that one great next step which must be taken, if another depression is to be avoided, is to make the services of the private duty nurse obtainable to the patient according to the patient's needs.

The general content and salient points of papers presented at the convention are embodied, without comment, in the summary which follows:

SCHOOLS

Schools should be judged according to the type of service they give, and the clinical material they have to offer, and not by their size. Exceptional students can only be expected by the hospital which has exceptional clinical material to offer.

Schools should provide scholarships and student loans.

Schools should be divorced from the hospital and put on an independent budget.

Schools of nursing are failures because they do not have sufficient financial support.

Endowed central schools of nursing, where all students will be taught the basic subjects, should be provided. A state board examination should follow the preliminary period of study and thus aid in eliminating the unfit student.

Schools should be controlled by a definite educational policy and not by the whims of hospital authorities.

Hospital service for students should be two years, with an additional year of special service.

Allowances to students should be discontinued and the sum diverted to the educational fund of the schools.

Prospective students should be advised to consult the Grading Committee before selecting a school.

THE CURRICULUM

The national curriculum is in the process of revision. It will be completed within the next three or four years. No extra hours of study are to be added, but three or four hours of ward teaching each week will be required. These hours need not necessarily be given in periods of sixty consecutive minutes, but may be divided into ten, fifteen or twenty-minute periods, as may be desirable. Discussion, case study, and demonstration on the ward are to be included in ward teaching. It was given as her opinion, by a speaker on the program, that the ward has been a laboratory without an instructor. The head nurse is busy with the duties of administration. A ward instructor, free from all administrative responsibility, is essential to the educational program of the teaching department of nursing schools.

THE FACULTY

Forty-two per cent of the faculty in the schools of nursing do not have a high school education.

All members of the faculty (including head nurses) should have at least four years' high school and one year of experience.

All members of the faculty should have taken some courses in methods of teaching, psychology and case study.

All nurses in charge of special departments, such as the operating room, pediatric, etc., should have at least six months additional preparation. This preparation should be of college level.

The directress of nurses should be a college woman.

If the directress of nurses sees only the administrative or housekeeping side of the school and hospital, then her school is hopeless.

Instructresses should have, in addition to head nurse preparation, at least one year of college, with particular emphasis on courses in psychology, curriculum building, and methods of teaching. They should also have had courses in the special subjects which they teach.

SOME CRITICISMS

Too frequently, there is lack of supervision.

Students should not supervise students.

More stress must be put on good bedside nursing.

Classes should be smaller.

SUGGESTIONS TO REMEDY OVERSUPPLY

Institute a 48-hour week for graduates and students.



Sealing the Name identification necklace on baby—to remain there through washing, dressing and treatment—until cut off by mother. Always visible. *Write for sample of this NURSERY NAME NECKLACE.*

J. A. DEKNATEL & SON, INC.,
96th Ave., Queens Village (L. I.), New York



NITROUS OXIDE CARBON DIOXIDE
OXYGEN CARBON DIOXIDE &
ETHYLENE OXYGEN MIXTURES

TIME TELLS!

In the last twenty years in America every so often some new form of anesthetic has been put on the market, sometimes with most startling claims. Most of them vanish as rapidly as they come, because they cannot stand the test of time.

It was just about twenty years ago that NITROUS OXIDE AND OXYGEN first came into real use as a major anesthetic. Today, supplemented by ETHYLENE and CARBON DIOXIDE gases, they are more largely consumed than ever before, and the consumption is constantly growing. THE USE OF THESE PRODUCTS HAS STOOD THE TEST OF TIME.

Back of the Puritan Maid label on each and every cylinder identifying the products of the Puritan Compressed Gas Corporation is the reputation of eighteen years in the field. For safety reasons we differentiate our gases with distinctive colors over the entire cylinder, as recommended by the resolution of the International Anesthesia Research Society.

We also offer Anesthetic Equipment, Pressure Reducing Regulators, Bedside Stand Inhaling Outfits, Noiseless Roller-Wheeled Cylinder Trucks, Oxygen Tents, Resuscitation Apparatus, and Wilson Soda Lime.

PURITAN COMPRESSED GAS CORP.

Kansas City	Cambridge, Mass.	Chicago
2012 Grand Ave.	60 Rogers St.	1660 So. Ogden Ave.
Baltimore	Cincinnati	Detroit
Race & McComas Sts.	6th & Baymiller Sts.	455 Canfield Ave., E.
St. Paul		St. Louis
810 Cromwell Ave.		4578 Laclede Ave.

Write for your copy of our latest booklet, "The Real Story of Oxygen for the Medical Profession." Also catalogues of Latest Oxygen Tents.



The Laundry Proves Their Worth

Student nurses prefer SnoWhite Training School Uniforms for their smart lines, modern style touches and youthful appearance. Hospital executives appreciate their fine fabrics, true tailoring . . . inherent SnoWhite qualities which do not **come out** in the wash. Each trip to the laundry proves their lasting qualities which result in low cost-per-year.

SnoWhite Garment Mfg. Co.

946-948 N. 27th St.

Milwaukee, Wis.

SNOWWHITE

TAILORED UNIFORMS

SnoWhite Garment Mfg. Co.,
946-948 N. 27th St., Milwaukee, Wis.

Please forward latest style booklet on SnoWhite Training School and Hospital Uniforms.

Name

Address

City..... State.....

Hospital

Inaugurate a national publicity campaign for closing schools of nursing.

Decrease the oversupply of students by demanding a higher entrance requirement.

Let the public know the truth about the present economic situation among nurses.

Give one full day off duty to students each week.

Emphasize the fact that fewer and better nurses are needed.

Student nurses should be replaced by graduates. Ninety-three per cent of the nursing service in hospitals is performed by student nurses.

It was noted that more than one-third of the nurses of the United States come from Pennsylvania, New York, Illinois and Massachusetts.

STATE REGISTRATION

There is practically no state reciprocity. Examination must be taken on removal to another state. If registration is by waiver, there is no way at present by which reciprocity may be had except by examination.

Recommendations:

The adoption of a national curriculum.

That state boards of nurse examiners enforce standards to be set up by the Grading Committee.

That appointment as directress of nurses, as well as the qualifications of those now holding such positions, be scrutinized by the state boards of nurse examiners.

That where the state law requires but one year of high school for entrance to a school of nursing, the state board of nurse examiners act by persuasion to make four full years of high school a requirement.

MENTAL HYGIENE

One-half of the hospital beds in the United States are for mental cases. Mental hygiene should be included in the nursing curriculum. Mental hygiene humanizes the approach to the patient and permits the nurse to see the patient as a unit, not as a "cardiac case" or as "the patient in room so-and-so."

A summer course in mental hygiene is to be given at the Catholic University this summer.

CANADIAN SURVEY

The Canadian survey was held to show: There are too many nurses, too many incompetent nurses, and too many nursing schools in Canada. That the profit motive exists in Canada as well as the United States. That Canadian hospitals have not a high sense of their educational responsibility.

Advantages, Handicaps of R. N. and Student

IN a comprehensive review of graduate and student nurse service before a meeting sponsored by the Central Council on Nursing Education, Chicago, Dr. M. T. MacEachern, American College of Surgeons, cited the following advantages of the graduate:

1. The graduate is older, more capable of taking responsibility and does not need supervision in an emergency.
2. She is more experienced and more tactful in handling patients.
3. With a surer knowledge of procedures she should accomplish tasks more quickly and deftly. A survey at the Bellevue Hospital, New York, indicated that a graduate could care for five surgical patients in a ward and a student for four.
4. The graduate can do more work on her own initiative.
5. The graduate's maturity inspires greater confidence in the patient in hospital service.
6. Some nursing directors feel that the graduate, knowing better how to keep well, is less likely to be absent for illness.
7. "The chief advantage is that the graduate knows more about nursing than the student."

Disadvantages of the graduate, as cited by Dr. MacEachern included:

1. The graduate does not like general duty and shows it in her attitude towards patients and personnel.
2. She objects to discipline.
3. If trained in another hospital she is likely to insist on using other procedures.
4. The graduate is more likely to be extravagant with supplies.
5. Graduates sometimes, because of over-confidence, use short cuts and become careless.
6. A graduate more often complains about food, housing and rules.
7. She resents criticism, according to some.

8. Being paid a salary, the graduate is more expensive than the student nurse.

"All of the other accusations mentioned have been found true in part but there is not much evidence to support this last contention because few hospitals have kept accurate records of what students cost."

9. There is a large turn-over among graduate general staff nurses.

Dr. MacEachern cited the following advantages of student nurses:

1. More enthusiastic and cheerful.
2. More amenable to discipline.
3. More conscientious.
4. Less wasteful.
5. Being younger, she is stronger and less likely to be absent for illness.
6. She is not paid a salary and may even pay tuition.
7. Student nurse turn-over is not as great as among graduates.

The following were listed as drawbacks of the student nurse:

1. Constant supervision needed.
2. Instructors needed.
3. She must be given maintenance and recreation.
4. She needs classrooms and dormitories, which salaried graduates wouldn't need in many instances.
5. Being inexperienced, she is less likely to recognize an emergency.
6. Partially trained, she wastes time because she does not know procedures.
7. Interruption for classes breaks continuity of service.
8. The preliminary student for a long period is of no value in caring for patients.
9. A student may make mistakes dangerous to patients.
10. Adolescence, placing a great strain on the individual, may impair the student's efficiency.

Dr. MacEachern frankly stated that it is difficult to say whether graduate or student service is more economical until all hospitals with schools determine true costs. He quoted the Grading Committee as saying that 42 per cent of 1,395 superintendents did not know costs of schools and 34 per cent could only estimate costs.

MODERNIZING NURSING COURSES



"Most nursing educators, including instructors, recognize the value and need of modernizing their course in materia medica," says a recent letter from Hoffman-LaRoche, Inc., Nutley, N. J.; which tells of the splendid response this company has had from nursing schools seeking pamphlets prepared by that company to help student nurses obtain greatest value from their materia medica classes. The company has available a group of booklets for class room use and reports that offers to supply copies of these for nursing schools have met with a most gratifying response. Hoffman-LaRoche announce that they will be glad to supply other

nursing schools with these booklets for class room use, on request. The complete set includes some seven or eight leaflets giving latest information and newest ideas concerning the subjects treated.

NEW GLASS BLACKBOARD

The New York Silicate Book Slate Company announces that "The final and completely satisfactory solution of all blackboard problems is here. A new product, known as 'Seloc Glass blackboard,' is guaranteed against the defects of previous plate glass blackboards—because it can never wear smooth. Educational experts claim that black plate glass makes the ideal board—non-fading, obtainable in almost any lengths, easily installed, practically indestructible, and susceptible of a perfect finish. To these advantages has been added uniform composition throughout by means of a suspended abrasive uniformly dispersed throughout the black plate glass. The result is a velvety surface that lasts as long as the board itself, and in final cost is by far most economical. This blackboard will never have to be refinished, stained or darkened, and is guaranteed for the life of the school."



Undoubtedly one of the strangest of all orders connected with the development of nursing and hospitalization was the Brothers of Mercy, founded in Florence about 1250. First organized among porters to act as stretcher bearers during intercity wars they soon attracted men of all ranks who served constantly in peace or war.

An entirely volunteer organization they were pledged to be ready at all times to drop their tasks or pleasures, don their strange robes and answer any call for help.

Their weird costumes might well strike terror in the hearts of the uninitiate. But they gained such a reputation for gentleness and skill that they were welcome wherever sickness or suffering existed.

WILL ROSS, INC., WHOLESALE HOSPITAL SUPPLIES
779-783 No. Water Street Milwaukee, Wisconsin

Spencer Lens Company
BUFFALO NEW YORK



Tilted Eyepieces Increase Doctor's Efficiency

TILTED eyepieces increase a doctor's efficiency because they eliminate the distraction of tired and aching neck muscles caused by bending the head over upright eyepieces for extended periods of observation.

That is one of the reasons why the Spencer No. 4MLH Microscope has been placed in so many hospital laboratories. This medical microscope is equipped with the Spencer Double Inclinator so that the doctor can sit in an upright, natural position and observe micro specimen through the eyepieces which are tilted at an angle of 30° from the vertical.

This Spencer 4MLH Medical Microscope is heavier, larger and sturdier to protect its inherent precision from the knocks and jars that any microscope receives. It is because of this construction and design that the No. 4MLH Microscope is definitely a better hospital laboratory instrument.

Folder M-49 gives complete information and prices on this Spencer Microscope. It is yours—free. Tear out the coupon and mail it today!

BRANCHES: New York, Chicago, San Francisco, Boston, Washington, Minneapolis, Los Angeles.

PRODUCTS: Microscopes, Microtomes, Delineascopes, Visual Aids, Optical Measuring Instruments.

Spencer Lens Company
BUFFALO NEW YORK

Mail This Coupon Today!

SPENCER LENS COMPANY,
19 Doat St.,
Buffalo, N. Y.

Gentlemen:

Please send me your folder M-49 giving me complete information and prices on your No. 4MLH Microscope.

Name

Address

City..... State.....

X-ray, Laboratory Service

X-Ray, Laboratory Work In a Small Hospital

By J. R. Tracy, M. D.

Roentgenologist, St. John's Hospital, Anderson, Ind.

IN discussing laboratories, both clinical and roentgenological, I feel that each hospital has its own local problem which may not be met by generalization. It is therefore a difficult subject about which to make a statement without being subject to criticism. However, I think that our hospital and our city are typical of many in the smaller communities of the central west, so I shall confine my remarks mostly to the way in which our laboratories have been conducted.

In the hospital of 100 beds and smaller we are faced by problems unknown to the larger institutions, especially those with endowments. We have to do as well as we can, realizing that we will never have ideal conditions. We cannot have a full time pathologist, for we have neither the material to keep him employed nor the money to pay him. This eliminates research work and applies also to the roentgen laboratory. However, this does not prevent the small hospital from rendering good service to its patients. In fact, I am not sure that it may not be an asset to have to struggle under handicaps, although it is at times discouraging.

In our hospital we maintain the policy of first rendering good service to the patients and the staff physicians. Secondly, the laboratories shall be self supporting. This has been somewhat of a problem in the past three years.

St. John's Hospital, a Catholic institution of slightly less than 100 beds, is located in Anderson, an industrial city of nearly 40,000. It serves as city hospital without financial aid from the city, and as county hospital without aid from the county. We take all classes of patients except the tubercular and acute contagious diseases. In every sense of the word it is a general hospital.

In organizing the clinical laboratory we were fortunate to make contact with a pathologist of recognized ability. He visits our hospital one day each week and keeps the laboratory routine up to standard. All tissue work is done by the pathologist. All gross specimens are seen and described by him. All serological work is done under his direct supervision. A technician is resident in the hospital and does the routine urine and blood examinations. This has been a satisfactory arrangement, or at least the most satisfactory arrangement we have been able to make.

In regard to the roentgen laboratory, I have conducted it under arrangement of commission for work and for which collection is made. There are no set hours for hospital attendance, but most of the work is done in the mornings, leaving the afternoons comparatively free for private practice in my office. It has been impossible to keep a good technician at the hospital at all times and I have served as my own technician much of the time.

This is, in a few words, the manner in which we have been able to conduct our laboratories. It seems to me that the economic feature is the one that confronts

most hospitals, so I shall quote a few figures which may be pertinent.

First, the clinical laboratory: Routine examinations are done on nearly all patients. Medical patients receive urinalysis, white blood counts. Surgical patients, urinalysis, white blood counts and coagulation time. Tonsillectomies, urinalysis and coagulation time. New born, coagulation time. All other laboratory work is ordered by the physician in charge. The type of patients who do not receive laboratory service are normal pregnancies, most of whom go directly to the delivery room upon their arrival. They seldom come to the hospital until labor is begun. Then the accident patient remaining in the hospital less than 24 hours, and an occasional emergency case.

Figures for 1931: Total number of patients admitted, 1,470. Total number receiving laboratory service, 1,195. This leaves only 275 receiving no laboratory service.

At the regular fees charged, the laboratory rendered service amounting to \$5,837, and the total receipts were \$4,907. The total cost of maintaining the laboratory, including salary of pathologist and technician, and expense of supplies and upkeep, amounted to \$3,050. There was in uncollected fees \$925, leaving a surplus of \$1,862. This was shown only because the office made a practice of collecting fees in every case that could pay it. There was much charity work done for which no fee was expected and for which no charge was made. Rigid economy in conducting the laboratory also made a surplus possible.

Here are totals of the different types of examination made:

Urinalysis, 1,562; blood, 2,805; spinal, 120; sputum, 9; throat cultures, 25; basal metabolism, 15—4,536 total laboratory examinations.

In the roentgen department there were 270 examinations. This included several cases which were rayed more than once, as there were only 219 patients rayed. A great many of these were accident cases brought in with suspected fractures. In fact, there were only 89 non-injury patients examined. This proportion can be accounted for by the fact that most accident cases are brought to the hospital, whereas the medical cases do not go to the hospital in the same proportion. The number of non-injury cases are in greater proportion in office practice. The following figures do not include charity work, for which no charge was made:

Work done in 1931, total \$3,053.50.

Total collected in 1931, \$2,916.50.

Unpaid balance, \$37.

Against these figures we have expense:

Depreciation and repair, \$500.

Supplies and roentgenologist's commission, \$428.

This leaves a surplus of \$984.

Thus it can be seen that by whole-hearted cooperation on the part of hospital management, laboratories and staff physicians even in a small hospital these necessary services can be given and can be made self supporting.

HOOVER SENDS FLOWERS

President Hoover sent a basket of flowers from the White House green houses for the opening of the George F. and Mary Robinson Memorial Hospital, formerly the Portage County Hospital, Ravenna, O., recently.

From a paper before 1932 Indiana Hospital Association convention.

Victor "KX" Valve-Tube X-Ray Apparatus

covers entire field of roentgenology

WHETHER the requirements are for x-ray energy sufficient to produce the finest diagnostic chest radiographs in 1/30th to 1/120th of a second; or for x-ray therapy with 30 ma. at 200 kv. p., or 10 ma. at 400 kv. p., the Victor "KX" series offers the



KX-1 Installation, St. Paul's Hospital, Vancouver, B. C.

THE "KX" SERIES		
Model	Radiography	Fluoroscopy and Therapy
KX-1	1000 Ma. at 85 Kv.P.	10 Ma. at 125 Kv.P.
KX-2	500 Ma. at 85 Kv.P.	10 Ma. at 140 Kv.P.
KX-3	100 Ma. at 100 Kv.P.	30 Ma. at 200 Kv.P.
KX-4	100 Ma. at 100 Kv.P.	10 Ma. at 125 Kv.P.
KX-C1		10 Ma. at 400 Kv.P.

selection of a unit with which the given range of diagnostic and therapeutic service is obtained under ideal conditions.

It may be said, unequivocally, that never before in the x-ray art has diagnostic apparatus been available with which the x-ray energy was under the control of the operator to the degree now realized in the "KX" series. When we speak of obtaining, as a routine procedure, radiographs of preferred contrast and density, using energies as high as 1000 ma. at 85 kv.p., with exposures as fast as 1/120th second, it gives a very definite idea of what is now being realized by users of the KX-1 Unit, for instance.

Only a well balanced engineering design, comprising integral parts of highest efficiency, can bring about the unprecedented results now realized with "KX" apparatus.

The "KX" series merits your investigation. Descriptive literature on request.

GENERAL  ELECTRIC
X-RAY CORPORATION

2012 Jackson Boulevard

Chicago, Ill., U. S. A.

FORMERLY VICTOR  X-RAY CORPORATION

Join us in the General Electric program broadcast every Sunday afternoon over a nationwide N. B. C. network.

The Record Department

Michigan Librarians Look Ahead to National Sessions

THE Michigan Chapter of the Association of Record Librarians held their fourth annual convention at a joint meeting with the Michigan Hospital Association at Hurley Hospital, Flint, Mich., April 26 and 27. This was by far the best meeting we have had in every way. Approximately seventeen members out of twenty-three registered and everyone seemed to have a super-abundance of enthusiasm and pep. The group attended the meetings of the hospital association on the morning of the first day. A delicious luncheon and pleasant reunions were enjoyed in the cafeteria of the hospital.

In the afternoon Miss Babcock, University Hospital, Ann Arbor, gave a paper entitled "The Camera Takes a Picture." A brief resume of the history of the Association of Record Librarians of North America was given first. An urgent plea was made to all Michigan hospitals to have their record librarians join the Association even though they did not belong to the state group. This membership drive was stressed at this time to relieve the burden of convention plans from the shoulders of the few faithful members and because of the need of many committees and workers for the convention of the national organization in Detroit in September.

The paper said in part:

Three years ago in an article on records which I presented to this group I quoted from an address given by Dr. John Wesley Long, of Greensboro, N. C., given in 1923 before the Hospital Conference of the American College of Surgeons, and I think it bears repetition. It is as follows: "A Heritage of Posterity": "When a man who works in a hospital in which records are not kept has been gathered to his fathers, his life work, however excellent it may have been, becomes only a memory. The rich inheritance of his experience which he and his hospital should have left to the profession takes wings and flies away. For the physician to spend much of his time in the indulgence of indolent pleasures rather than in the labor of recording his activities and the invaluable lesson of wisdom to be drawn therefrom is to trade the birthright that belongs to posterity for a mess of pottage." I think this also applies to records inadequately kept. As I said in the beginning I do not think it is at all necessary to talk about the importance of keeping records but I do think we all have a long way to go to improve the quality of the work that goes into the records, not alone for the "Heritage of Posterity" but to justify the expense of supporting a Record Department.

If a hospital has a properly functioning Record Department, should it stand still or keep pace with the times? If the latter, there is but one way open and that is to contact 400 other hospital Record Departments throughout this country and Canada and have the Record Librarian in the hospital be a part of the National Organization.

Wednesday the record librarians heard Dr. Marshall's talk on the duties of an intern committee. This was followed by a most enthusiastic round table for record librarians conducted by Dr. W. G. Gamble, Jr., pathologist, Mercy Hospitals, Bay City and Cadillac. Dr. Sladen, Henry Ford Hospital, gave many helpful answers.

Following the round table, a business meeting was held. Two projects which had been assigned for study at the previous meeting were reported on and further study suggested. The retiring president, Mrs. Williams, gave a most pleasing address, urging all members not to become

"depression minded," but to carry on with increased enthusiasm, suggesting further and more extensive projects to be taken up during the coming year.

Election of officers resulted as follows: President, Edith A. Cavanagh, Grace Hospital, Detroit; vice-president, Alberta Draper, Nichols Memorial Hospital, Battle Creek; secretary and treasurer, Melina A. Renaud, St. Mary's Hospital, Detroit; councillors: Mrs. Martha Tucker, Edward Sparrow Hospital, Lansing; Nellie J. Pritchard, Saginaw General Hospital, and Mrs. Ethel O. Williams, Grand Rapids.

Applications were received for three new members to the North American Organization.—F. G. B.

GETTING READY FOR DETROIT

The Association of Record Librarians of North America will hold its 1932 convention in Detroit, the week of September 12, concurrently with the annual session of the American Hospital Association. A large attendance is anticipated, as Detroit may be easily reached by train, bus, boat or plane (if one is air-minded) by residents of central and midwestern cities, as well as those in Canada, and is but little more than an over-night ride from the East.

Reduced rates will be available on all railroads, and vacation plans may be made with the convention date in mind. The Michigan Chapter of the association has charge of arrangements for the convention, and a comprehensive and interesting program is being prepared.

Chairmen of committees have been appointed as follows: Arrangements, Miss Helen Wheelock, Harper Hospital, Detroit; Program, Mrs. Ethel O. Williams, Grand Rapids Clinic, Grand Rapids; Exhibits, Miss Nellie J. Pritchard, Saginaw General Hospital, Saginaw; Credentials, Mrs. Clara J. Ulman, Children's Hospital, Akron, O.

All who are interested in medical records are cordially invited to attend. Headquarters for the association have been established at the Book-Cadillac Hotel in Detroit.—M. S. W.

SYRACUSE LIBRARIANS

The Record Librarians' Association of Syracuse and Vicinity is nine months old with a membership of fifteen. The association has met monthly at the various hospitals in Syracuse and because of these get-togethers there has been greater interest in the daily work of record librarians. First, because they became acquainted, and, second, because methods of solution to various problems have been presented.

The meetings have consisted in discussion of records in general, but the April meeting was addressed by Dr. S. B. Marlow, ophthalmologist, who presented a doctor's version of why records should be kept—explaining the value of the record to the patient as well as to the doctor.

At the May meeting we were favored with an address by Mrs. Jessie Harned, record librarian, Rochester General Hospital, Rochester, N. Y., who has done much to promote the keeping of records. She left us with greater inspirations for the coming year, which we trust will grow as we grow.—M. G.

CARL C. KUSTERER DIES

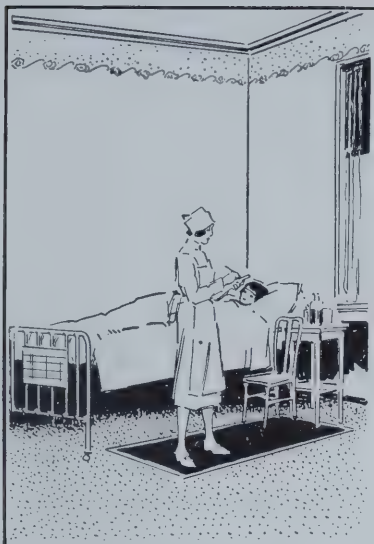
Carl C. Kusterer, treasurer and general manager of Stickley Bros. Furniture Co., Grand Rapids, Mich., died April 8 after a long illness.

Mr. Kusterer was well known to many hospital executives as well as being a prominent figure in the furniture industry. He was the inventor of many patented devices used on hospital furniture by the company with which he was connected.

He is survived by his wife, a son and two daughters, and by two brothers.

PHILADELPHIA MEETING

At the April meeting of the Philadelphia Hospital Record Librarians at the Pennsylvania Hospital with the president, Miss Casey, in the chair, twelve hospitals were represented.



Over two thousand
hospitals use
our forms

Superintendents

should have our

CATALOGS
and FREE
SPECIMENS

of

Charts and Records

AMERICAN COLLEGE OF SURGEONS
(Standardized Records)

CATALOG No. 10 (100 Miscellaneous Forms)

TUBERCULOSIS RECORDS

OCCUPATIONAL THERAPY RECORDS

VALUABLE RECORD BOOKS

HOSPITAL STANDARD PUBLISHING COMPANY

40-42 S. PACA STREET - BALTIMORE, MD.

Write for samples : : Sent on request

SOLARS

SAVE TIME & MONEY

WRITE FOR
COMPLETE DETAILS
ON THE
**SOLAR SYSTEM OF
WASTE DISPOSAL**

• • •

SOLAR - STURGES MFG. CO.
MELROSE PARK • ILLINOIS

GASES

that are PURE

Though techniques may vary, all will certainly agree that the purest of gases only should enter the respiratory tract. S. S. White Nitrous Oxid and Oxygen are as pure and potent as these gases can be made.

The S. S. White Dental Mfg. Co. is the oldest manufacturer of N_2O & O for human inhalation in the States and perhaps the oldest in the world. It is equipped in experience and laboratory facilities for all classes of analytical research and qualitative tests that assure a uniform purity, potency and physiological safety in Non-Freezing Nitrous Oxid and Oxygen.

The cleansing and inspection of each cylinder before filling is accorded a thoroughness that should certainly give you a pleasant feeling of confidence in the use of S. S. White Non-Freezing N_2O & O were you to see these operations.

Non-Freezing N_2O does not require thermal devices at the valves to maintain even flow.

**Non-Freezing Nitrous Oxid
and Oxygen**

For Sale by
Dental and Surgical Supply Houses

The S. S. White Dental Mfg. Co.
211 South 12th Street Philadelphia

ZEISS

PANTOPHOS OPERATING LAMP

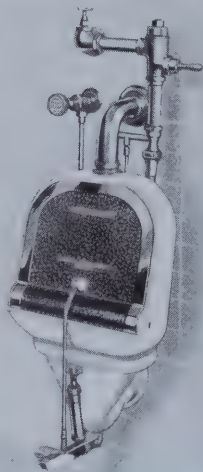
**Free from Shadows
Free from heat
Free from glare**

Hook Suspension \$503.
Band Suspension \$530.
Trolley and Rail \$585.

Above prices without bulbs f.o.b. N. Y.
CARL ZEISS, INC., 485 Fifth Ave., N.Y.
728 So. Hill St., Los Angeles

THE AMERICAN AEROFLUSH BEDPAN WASHER AND STERILIZER

Utilizes most effective washing principle known... Sterilizes with live steam... Functions with simplest known requirements... Meets most exacting plumbing code... Odors do not escape... Porcelain enamel body does not stain... Chamber is automatically aerated. We solicit inquiries



AMERICAN STERILIZER CO.

1200 Plum St., ERIE, PENNSYLVANIA
Eastern Sales Office, 200 5th Ave., N.Y. City
Canadian Agents: Ingram & Bell, Ltd., Toronto,
Montreal, Winnipeg, Calgary

DOCTORS and SPECIALISTS

By MORRIS FISHBEIN, M. D.

Filled with contagious humor which is death on quacks and poison to the pompous.



"I'll redouble"



"Just state those symptoms once more, please"

Price \$1.00

History's
funniest satire
of Doctors,
Specialists
and peculiar
Healers

HOSPITAL MANAGEMENT,
537 S. Dearborn Street, Chicago

Gentlemen: Please send me cop of DOCTORS and SPECIALISTS. (Price \$1.00).

Name

Address

The Funniest Book of the Year

THE HOSPITAL CALENDAR

Joint meeting, Virginia, North Carolina and South Carolina Hospital Associations, Richmond, Va., May 17, 18 and 19.
Northwest Texas Clinic and Hospital Managers' Association, Abilene, May 20-21.
Minnesota Hospital Association, St. Paul, May 23-25.
American Society of Radiographers, St. Louis, May 24-27.
Midwest Hospital Association, St. Louis, June 2-3.
National Tuberculosis Association, June 6-9, Colorado Springs, Colo.
South Dakota Hospital Association, Mitchell, June 7-8.
Colorado Hospital Association, Denver, June 10.
Catholic Hospital Association, Villa Nova, Pa., June 21-24.
Western Hospital Association, Salt Lake City, June 14-16.
American Protestant Hospital Association, Detroit, September 9-16.
American Hospital Association, Detroit, Mich., September 12-16.
Association of Record Librarians of North America, Detroit, September 12-16.
American College of Surgeons, St. Louis, Mo., October 17-21.
Ontario Hospital Association, Toronto, October 26-28.
Mississippi Hospital Association and Mississippi State Medical Association, Jackson, April 10, 1933.
Iowa Hospital Association, Marshalltown, April 19-20, 1933.

Equipment Literature

(Continued from page 16)

Sterilizers, Stills

No. 234. "American Sterilizers and Disinfectors." Catalog. American Sterilizer Company, Erie, Pa.

No. 213. "Sterilizing Technique Series." Five booklets. Wilmot Castle Company.

Surgical Instruments and Supplies

No. 322. "Handbook on Ligatures and Sutures," 1931 edition. An interesting booklet on the history, preparation, handling and use of ligatures and sutures, completely revised. Johnson & Johnson.

RADIOGRAPHERS' MEETING

Convening at the Statler Hotel, St. Louis, May 24-27, the American Society of Radiographers will hold their seventh annual convention. The afternoon of the first day will be devoted to a symposium on chests, conducted by the Saint Louis Society. On Wednesday the radiographers will present various phases of interesting technique such as "Mechanical Devices for Immobilization," "Bedside Unit Technique," "Statistical Study of the Trend of X-ray Work in a Hospital Laboratory," "Lateral Skull Without a Bucky," and "Radiography as a Profession," "Goal of the Radiographer." Thursday will be set aside for papers presented by doctors, also the topic, "Is There a Need for Educational Standardization?"

The social side of the program will consist of special luncheons, a boat trip, the annual banquet, and an interesting sightseeing trip.

Reservations may be made directly with the hotel, and further information may be obtained by communicating with the president of the Saint Louis Society of Radiographers, 415 Lister Building.

ANNOUNCE NEW CART TIRE

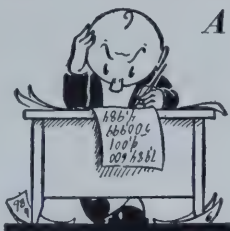
A new type of truck and cart tire, known as the "Free Wheeling" tire, has just been announced by the Nutting Truck Co., Faribault, Minn. It is claimed that this tire not only rolls as easily as any other tire, but outlasts other types, decreases wear on floors, reduces noise, etc.

NEW HOSPITAL LIGHTING FIXTURE

A new type of hospital lighting fixture, which provides both general room illumination and reading light for patients, has been announced by Curtis Lighting, Inc., Chicago. The fixture, known as "Dua-Light," requires only one outlet, and has two reflectors, one for indirect general illumination, and the other, using a smaller lamp, for direct downward light.

CHANGE STYLE OF SURGEONS' APRONS

The Miller Rubber Products Company division of The B. F. Goodrich Company recently announced several changes in style in its surgical apron line. Reinforced fabric and rubber straps attached to the body of the surgeons' apron, with grommets fastened through fabric reinforced discs, not only greatly improve the ease with which they are worn, but greatly strengthen them, according to the company.



A Word of Advice to
**HOSPITAL
EXECUTIVES!**
**REDUCE
EXPENSES!**

BUY NORINKLE
THE ORIGINAL RUBBER
SHEETS

THEY COST LESS ultimately than ordinary rubber sheeting. Give absolute **MATTRESS PROTECTION** — Eliminate Mattress Renovation Costs. They are **HUMANES. CANNOT WRINKLE OR CREASE**—Eliminating bed sores and the other usual discomforts caused by wrinkled sheeting!

Last from 5 to 7 years—easily cleaned.

ACCEPT NO SUBSTITUTE!

Write for Complete Particulars

HENRY L. KAUFMANN CO.

301 Congress St., Boston, Mass.

**EASY TO ATTACH!
STAY PUT!**



Model No. 60

Adjustable
Standard Size
38-in. long

Models for
every type
of Mattress
Protection

Zip! And the problem is solved—
KLOZTITE takes sanitary care
of the patient's clothes

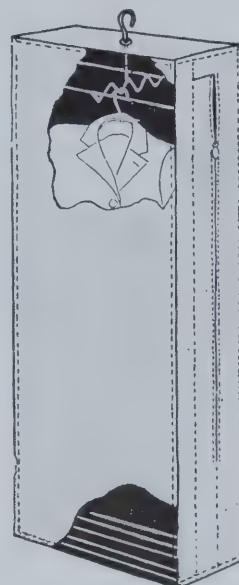
● Hundreds of hospitals have found the Stanley Patients Clothes Container to be the modern, low-cost, space-saving, sanitary way of taking care of the patient's clothes.

● In a compact space, 54"x18"x8", clothes are neatly hung on regular hangers suspended inside, with lots of room for hats, shoes, etc., on the bottom frame. When "zipped" closed, KLOZTITE is dustproof.

● Top and bottom frames are removable, so container can be laundered or sterilized. Made of heavy-duty, brown material. Identification tab attached.

SENT ON APPROVAL

—price on request.



Stanley Supply Co.
Hospital Supplies and
Equipment
120 E. 25th St.
New York

Stanley
for
**Professional
Standards**

THE Foods and Food Service Department of **HOSPITAL MANAGEMENT** is the most complete and extensive food department in any hospital publication.

For the superintendent, the dietitian and others who are responsible for the organization and operation of this important hospital function, this department offers a wealth of valuable material.

Here's Chic... for your
GRADUATION CLASS

Dix-Make
Uniforms

There's a smartness to Dix-Make uniforms it takes experts to achieve. See how flattering they are; only perfect tailoring can give such marvelous fit. And the styles are charming as any chic frock.

Outfit your graduation class in Dix-Make uniforms. Made to measure or from stock, as you choose.

*Write for a free booklet
of uniform styles.*



WOMENS UNIFORMS, Inc.
141 Madison Avenue
New York ★

These Labels

mean lower bed linen costs

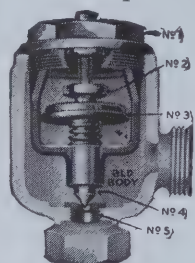
Utica Sheets wear longer because they are made from a longer fibre cotton. Less than 6% of the cotton crop meets Utica standards of quality. Send for free samples.

Utica & Mohawk Cotton Mills, Utica, N. Y.



OLD RADIATOR TRAPS

Are transformed into modern, efficient traps by the use of Monash ten year guaranteed thermo element—as per illustration.



Send us one of your old trap bodies. We will fit our element into it and return it to you postpaid for test on consignment.

Monash-Younger Co., Inc.

Established 1890

1315 W. Congress St., Chicago

BLACK BOARDS

SILICATE SELOC SLATE
NATURAL SLATE BLACKBOARD CLOTH

Framed or unframed—hanging type or on rollers

Also Silicate Book Slates

CORK BULLETIN BOARDS

Oak finished frames or unframed
All sizes: 18x24 inches and up

N.Y. SILICATE BOOK SLATE CO.

20 VESEY STREET NEW YORK CITY

Read Them—Use Them

HOSPITAL MANAGEMENT Want Ads
offer real opportunities.

They're regularly read by up-and-doing executives who find in them a ready way of filling various needs.

TRY A WANT AD NEXT TIME YOU
NEED AN ASSISTANT.

THE HOSPITAL LAUNDRY

Factors Affecting Quantity, Life of Linens

By Rev. H. L. Fritschel

Superintendent, Milwaukee Hospital, Milwaukee, Wis.

THE amount of linen required for a hospital depends chiefly upon the frequency of changes. In most hospitals it is customary to change the linen completely every day in private rooms, and in wards perhaps three times a week. Furthermore, the amount of linen required depends upon laundry service available, whether the laundry is in daily operation or not. Many hospitals find the three-day unit alternating basis most practical. This is to say, first day the linen is used for patient's bed, the second day it is in the laundry for washing and ironing, the third day it is in the storeroom, and then repeats again its course, completing each time the rotation in 72 hours. If the linen pieces are not used in such rapid rotation, the amount of linen required will be larger but will last longer.

The pieces of linen required for a bed is usually stated as ten to fourteen as a minimum. This is a list of what is considered ample provision of linen for one bed made up for use:

- 1 mattress cover
- 1 lower sheet
- 1 draw sheet, 30 inches wide
- 1 top sheet
- 1 spread
- 2 pillow covers
- 2 bath towels
- 2 wash cloths
- 1 face towel
- 1 mattress pad
- 1 blanket

If this be the basis per bed, the three-day alternating service would require about 35 to 45 pieces per bed, allowing for reserve. It is suggested to count on 40 to 50 pieces per bed. If laundry service cannot be had daily, the amount of linen should be increased accordingly.

The life of linen depends upon several conditions. First, on quality bought; heavy linen is not a criterion of durability nor light linen a criterion of poor linen. It depends entirely upon the quality and it always pays to buy good linen. There should be in the square inch approximately 68x72 threads. The best quality, I understand, has 90x90 threads. The life of linen always depends upon the long fiber. Short fiber cotton spun in thread will not last as long as long fiber spun in thread and woven in sheets.

The life of linen, furthermore, depends largely upon how carefully the work is done in the laundry. The linen supply may be spoiled if handled carelessly in the laundry, in the washer, as well as in the ironers. Bleaching materials may be used, and probably have to be used, without detrimental or injurious results, but proper care must be exercised to use the proper amount and to use the proper method. In our laundry we use five changes of water during one hour before the laundry is transferred to the extractor. In this connection we wish to call attention to the most excellent service rendered by some of the soap companies. Procter & Gamble, and Ford (Wyandotte) furnish expert consultation service in the washing and ironing of your laundry free of

From a paper before tri-state conference, Chicago, 1932.

What's This?---

"A Year's publicity program, designed to encourage donations and more generous co-operation from the public, for \$200 or less?

"Yes, let's send for details about this today."

HOSPITAL NEWS

537 South Dearborn Street
CHICAGO - - ILLINOIS

This Literature May Help You

IF you are interested in acoustical treatment—if you want to know the best method of cleaning floors—if you are planning to rearrange your kitchen, or if other problems of construction or maintenance are bothering you—

You may find valuable help in the booklets and pamphlets listed on page 16. This literature which is published by various manufacturers and dealers serving the hospital field, contains many items of useful information for the hospital executive.

We'll be glad to see that you get any items you want, entirely without obligation. Simply fill out the coupon and mail it to HOSPITAL MANAGEMENT. And if you want specific information about items not listed on these pages, we'll be glad to help you.

Just tell us what you want.

HOSPITAL MANAGEMENT
537 S. Dearborn St.
Chicago, Ill.

Please see that the items listed under the following numbers on page 16 are sent to me. I understand that this involves no obligation on my part.

Name

Hospital

Address

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1932,

Of Hospital Management, published monthly at Chicago, Illinois, for April 1, 1932.

State of Illinois, County of Cook, ss.

Before me, a Notary Public in and for the State and county aforesaid, personally appeared Matthew O. Foley, who, having been duly sworn according to law, deposes and says that he is the Editor of the Hospital Management and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily paper the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, embodied in section 411, Postal Laws and Regulations, printed on the reverse of this form, to wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are:

Publisher, Crain Publishing Co. (a partnership), Chicago, Illinois; Editor, Matthew O. Foley, Chicago, Illinois; Managing Editor, None; Business Manager, Kenneth C. Crain, New York, N. Y.

2. That the owner is: (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding one per cent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a firm, company, or other unincorporated concern, its name and address, as well as those of each individual member, must be given.) Crain Publishing Co. (a partnership), 537 S. Dearborn St., Chicago, Ill.; G. D. Crain, Jr., 537 S. Dearborn St., Chicago, Ill.; Kenneth C. Crain, 420 Lexington Ave., New York, N. Y.; Matthew O. Foley, 537 S. Dearborn St., Chicago, Ill.

3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state). None.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

5. That the average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the six months preceding the date shown above is..... (This information is required from daily publications only.)

(Signature) MATTHEW O. FOLEY.

Sworn to and subscribed before me this 21st day of March, 1932.

ELLEN KEBBY.

[SEAL]

(My commission expires Apr., 1932).

charge. Their advice is most valuable and worth careful consideration for the profitable and economical handling of the laundry.

The life of the linen also depends upon the frequent use and how often it has to go through the laundry. It is a well known fact that linen will wear longer if allowed to rest for a while "between acts" instead of having it continuously in rotation. Under the three-day alternating plan, linens should last as follows:

Sheets should last 2 years
Counter-panes, 3 years
Pillow slips, 3 years
Spreads, 3 years
Towels, from 1 to 1½ years
Tablecloths, 1½ to 2 years
Napkins, 1 year

and with careful handling they may be expected to last longer. I have examined some of our linen and found that pillow slips and bedspreads which have been in use for three years show only slight results of use. And while we are speaking of linen, may I call your attention to a certain type, which we prefer for private rooms on account of its soft finish. Some may have the experience with patients with tender skin that they complain of irritation, especially on the elbows, caused by the texture of the sheets. This is overcome by using this type of sheet in the soft finish.

Linen does not disappear only by theft, though this may be the source of loss in some instances. It may also be damaged by improper use of nurses by burning holes in linen, or by acids or by damage done by stains. The bleaching process may be destructive. Most hospitals probably have the system of maintaining a separate mending and sewing room to which defective linen is transferred when it shows need of mending. Linen is discarded from its original use at a certain stage of deterioration, and is used for other purposes. Each piece, when it is discarded, must be replaced from the central storeroom properly marked. This does not solve, however, the entire question of disappearing linen. You may well know the number of pieces of soiled linen that leave the floor, but it is not so easy to control the number that will return. Different ways have been recommended for checking up the linen supplies for daily use in different sections of the hospital, and for individual beds or wards. This may be a subject for a special discussion in itself.

It may be of interest to quote a concrete example of laundry equipment and linen supply of a hospital of 200 patients beds.

The equipment of the laundry embraces the following:
3 washers
3 extractors—2 large, 1 small
1 hot air tumbler
1 shaker
1 six-roll, 100-inch flat ironer
2 presses, 36 by 31
8 ironing boards, electric irons
1 sleeve ironer
Trucks

The entire cost of operating the laundry should be within 2 to 4 per cent of the total operating cost of the hospital; 2.8 per cent may be considered normal.

The distribution of cost of operation for an average hospital laundry has been suggested as follows:

	Per cent
For salaries and wages.....	60
For supplies	22
For power	3
For water	3
For fuel	12

100

CLASSIFIED ADVERTISEMENTS

Use this department to secure employment, fill positions which are open, buy or sell commodities or service, etc., etc.

Rates are eight cents per word per insertion. If copy is repeated without change in three consecutive issues the total charge is twice the charge for a single insertion. Instructions to print classified advertisements should be accompanied by

check, money order, or cash in full payment.

If desired, inquiries will be received under a box number at this office and forwarded to the advertiser without extra charge. Count four words for box number.

Additional charge is made for special arrangement of type or unusual set-ups.

SPECIAL COURSES

A COURSE IN CARE OF MEDICAL CLINICAL

Records is open to qualified students at the Rochester General Hospital, Rochester, N. Y. Four to six months. Tuition, \$60. For information address Mrs. Jessie Harned, Medical Librarian. tf

WANTED TO BUY

SIX OR EIGHT CYLINDER GWATHMEY, MET-ric or Heidbrink machine in first class condition. Box A-406, Hospital Management. 732

WANTED—THE FOLLOWING NUMBERS OF the proceedings of the American Hospital Association: Volumes one to sixteen, inclusive; volume 20, 1918; volume 23, 1921; volume 26, 1924. Kindly write stating condition of volumes and price wanted. Ball Memorial Hospital, Muncie, Ind. 232

WANTED—COPIES OF MODERN HOSPITAL, Hospital Management, Hospital Progress, for the years previous to 1930. Let us hear from you—what numbers you have and cost of same. Ball Memorial Hospital, Muncie, Ind. 432

SALESMEN WANTED

WANTED—SALESMEN CALLING ON HOSPI-tals to sell linens and uniforms. Nestel's Products Company, 487 Broadway, New York City. 332

MANUFACTURER WANTS SALESMEN CALL-ing on hospitals to carry side line of waterproof, rustproof, dentproof wastebaskets, tested and approved by both Good Housekeeping and Delineator Institutes. Also line shatterproof flower vases, outstanding products, attractive appearance, priced right, easy to sell. Arveyware Corporation, 3500 North Kimball Avenue, Chicago, Ill. 931

FOR SALE

DIPLOMAS—ONE OR A THOUSAND. ILLU-strated circular mailed on request. Ames & Rol- linson, 206 Broadway, New York City. tf

POSITIONS WANTED

EXPERIENCED R. N.—IMMEDIATE APPOINT-ment. Prefers general duty. Minnesota, North Dakota. Box 102-B, Hospital Management. 632

RECORD LIBRARIAN, SEVEN YEARS IN HOS-pitals, 200-275 beds, South preferred. Will com-bine with secretarial work. Box 100-B, Hospital Management. 532

PHARMACIST, WOMAN GRADUATE, EXPE-rienced in hospital work, desires hospital position. Box 101-B, Hospital Management. 332

WANTED POSITION—BUSINESS MANAGER OR superintendent of medium size hospital. Expe-rienced executive. Excellent credentials. ABC, Hos-pital Management. 332

POSITIONS WANTED

WOMAN, 39, TEACHING AND SOCIAL EX-perience, desires position in hospital or nursing school. Box A-405, Hospital Management. 732

SUPERINTENDENT OR BUSINESS MANAGER—Layman 10 years' hospital and clinic administrator capable of organizing or reorganizing clinic or hospi-tal. Nine years' experience in 500-bed hospital as Assistant Superintendent, Accountant and Purchasing Agent. One year Superintendent and Business Man-ager of large clinic. At present holding Superin-tendency of hospital. Box A-404, Hospital Man-agement.

HOSPITAL RECORD LIBRARIAN — YOUNG lady, well educated, trained Record Librarian, long experience as medical secretary in surgeon's office, desires position as Hospital Record Librarian. Ad-dress: M. B., care of Hospital Management. 12-31

SALESMAN—15 YEARS' EXPERIENCE CALLING on hospitals and institutions, would like to carry one or two lines of merit on the side. Address P. O. Box 64, Woodside, L. I., N. Y.

POSITION WANTED — ASSISTANT SUPERIN-tendent, man, age 24, American, Protestant, B. S., University Chicago. Also some medical, legal and commercial education. Looking for opportunity. Box A-392, Hospital Management.

LADY, 40, REQUIRES POSITION AS CHARGE in small maternity or general hospital. Competent, reliable—bright, kind disposition. C. M. B. Cer-tificate of England, also Surgical and Medical Diplo-mas. Graduate of Leeds, England. Would consider good private work. Apply Box A-393, Hospital Management.

SUPERINTENDENT OR ASSISTANT, LAYMAN with 19 years' experience, graduate in business ad-ministration, specialist in purchase and supply. Best of references. Box A-394, Hospital Management.

POSITION WANTED—GRADUATE NURSE, stenographer, in doctor's office, clinic, or hospital. Age 27, experience in supervising. References. Mod-erate salary. Box A-402, Hospital Management. 12-31

WANTED — POSITION IN CONVALESCENT Home or Home for Incurables or Masonic Home by graduate registered nurse. Salary no object as possess personal income. Box A-398, Hospital Man-agement. 10-31

FORMER SUPERINTENDENT 160-BED MUNICI-pal hospital desires connection. Can furnish satis-factory credentials. Box A-403, Hospital Manage-ment. 132

NURSE PLACEMENT SERVICE—MIDWEST STATES

1522 Willoughby Tower Bldg.
8 S. Michigan Ave., Chicago, Ill.

We are in a position to supply hospitals and schools of nursing with highly qualified Executives, Instructors, Supervisors, Anesthetists, and General Staff Nurses.

This service is maintained by the State Nurses' Associations of Illinois, Indiana, Iowa, Michigan and Wisconsin.

POSITIONS WANTED

SOUTHWEST HOSPITAL PLACEMENT BUREAU

602 Manufacturers Exchange Bldg.
Kansas City, Mo.

We have available for appointment a selected group of Superintendents, Superintendent of Nurses, In-structress, Technicians, etc. Write or wire us your requirements.

ZINSER PERSONNEL SERVICE

Anne V. Zinser, Director

1547 Marquette Bldg.
Chicago, Ill.

Zinser Personnel Service offers a selective service to hospitals seeking qualified graduate nurses, supervisors, instructors, superintendents, dietitians, anesthetists, technicians, physicians.

POSITIONS OPEN

MEDICAL BUREAU

M. Burneice Larson, Director
Pittsfield Bldg., Chicago, Ill.

THE MEDICAL BUREAU has requests from all parts of America for Class-A physicians, surgeons, and dentists; accredited graduate nurses; dietitians and technicians; write telling us the kind of position you want.

MEDICAL BUREAU

M. Burneice Larson, Director
Pittsfield Bldg., Chicago, Ill.

THE MEDICAL BUREAU has available for appoint-ment a great group of Class-A physicians, surgeons, and dentists; accredited graduate nurses; dietitians and technicians. They are located in all parts of Amer-ica; they pass our requirements; they are capable and dependable. Write or wire your needs to The Medical Bureau, Pittsfield Bldg., Chicago.

INTERSTATE PHYSICIANS & HOSPITAL BUREAU

332 Bulkley Bldg., Cleveland, Ohio

SUPERINTENDENT OF NURSES—College edu-cation and experience in Training School Administra-tion required. 150 bed eastern hospital.

ASSISTANT PRINCIPAL AND PRACTICAL IN-STRUCTOR—With experience and qualified to teach nursing procedures. College town. New York reg-istration. Open June.

HOSPITAL PERSONNEL EXECUTIVE and TECHNICAL

A confidential and individual service offered to those seeking employment. Write for details.

THE NATIONAL BUSINESS BOURSE

Established 1915

20 W. Jackson Blvd., Chicago tf

“ . . . as essential as a meal”

That's what one veteran hospital administrator said about Hospital Management when he renewed his subscription a few days ago.

No higher praise, we feel, could come to any publication. No greater tribute to the unwavering editorial policy which has made Hospital Management “the *practical* journal of administration” could possibly be paid.

To serve those hospital executives who want practical, useful, definitely helpful ideas and suggestions which will aid them in their work has been the purpose of Hospital Management for sixteen years. To convey concrete, usable suggestions and ideas to interested, intelligent hospital executives shall continue to be the aim of Hospital Management in the future.

We hope that we shall in increasing measure deserve the description “. . . . as essential as a meal”

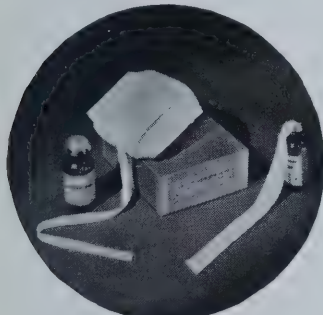
BANISHED!

PLASTER ROOM NUISANCES . . .



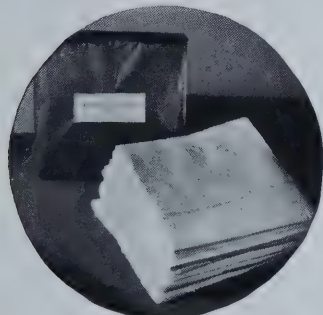
A. B. D. FLAT PACKS

Smooth, quickly absorbent. Even cross stitches and well-bound seams. Large tape loops.



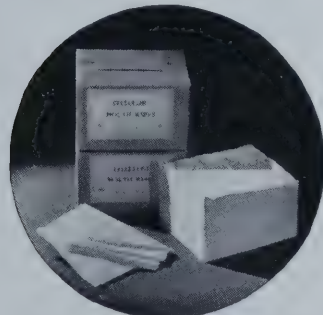
NU-GAUZE STRIPS

Non-raveling selvage edges. Sterile, in bottles—plain or with Iodoform 5%; unsterile, plain, bulk, in 100-yd. lengths.



BELLEVUE SURGICAL WADDING

Soft, non-absorbent cotton padding, used under plaster bandages. In sheets 36" x 6 yds.; packages of 6, 40 and 80 sheets.



CELLULOSE MOUTH WIPES

In boxes of 1,000 sheets, 5" x 6", 30 boxes in a case.

NEAT . . . TIME-SAVING
... ALWAYS UNIFORM
... UNIFORM RESULTS
..... BETTER CASTS



When you use ORTHOPLAST

Plaster room uncertainties—of personnel and product—are eliminated when you adopt Orthoplast Bandages, now used by Bellevue Hospital, New York, and many other large institutions. Orthoplast Bandages are uniformly made to give uniform results. Made with specially-refined plaster of Paris, pressed smoothly with scientific exactness into Red Cross surgical crinoline by machine. Serrated edges prevent raveling and tangling threads that hinder application. Completely saturated in less than a minute. Orthoplast Bandages have a definite setting time—fast setting, 3 to 6 minutes; slow setting, 10 to 18 minutes. In 3-yd. lengths, 2" and 3" widths; 5-yd. lengths, 4", 5", 6", 8", 10" widths. Trial box of Orthoplast Bandages gladly sent on request.

HOSPITAL DIVISION



Johnson & Johnson
NEW BRUNSWICK NEW JERSEY



R A S P B E R R I E S



LEADING hospitals and institutions know there is no better way to build good will among patients and insure a steady patronage than by serving wholesome, delicious desserts. That is why the slight additional price they pay to insure Gumpert quality is money well spent.

Delicately flavored with fresh, ripe fruit, Gumpert's Gelatine Desserts are the choice wherever standards demand the purest and the best.

Without cost or obligation, try Gumpert's Desserts yourself. Send for a generous FREE sample TODAY.

S. GUMPERT CO., INC.

Bush Terminal, Brooklyn, New York
Chicago, Ill., Los Angeles and San Francisco, Cal.
(Manufacturers and Sole Distributors of Our Own Products)

GUMPERT'S

*Gelatine
Desserts*



362.05

HOSM

Hospital Management

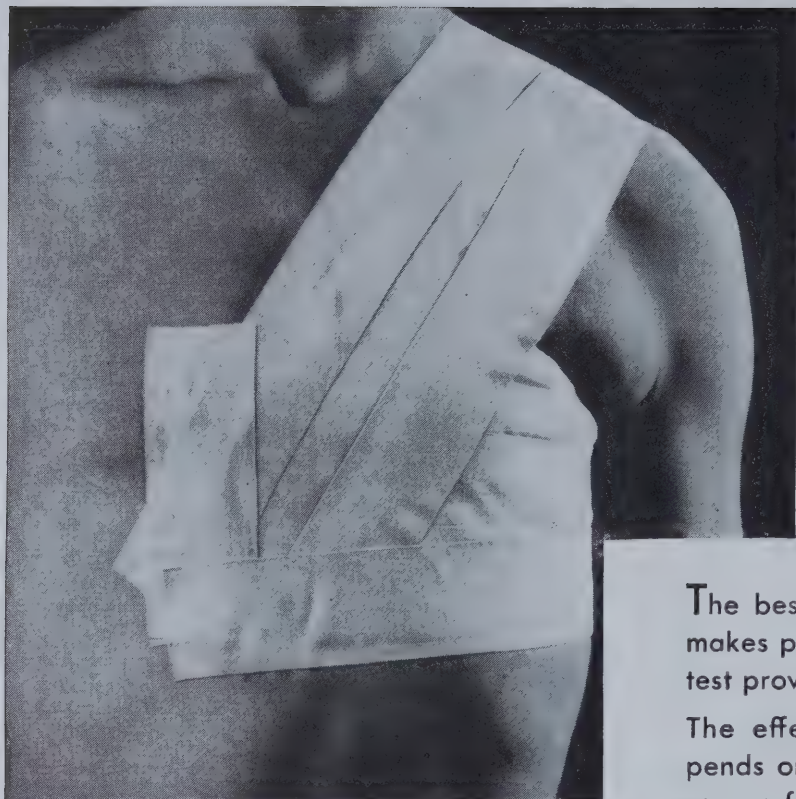
*A Practical Journal
of Administration*

VOLUME XXXIII—NUMBER 2



FEBRUARY 15, 1932

❑ *What 100 Patients Paid Hospital, Doctor and Nurse* ❑ *"Salesmen I Have Known"* ❑ *Hospital Occupancy, 1929 and 1931* ❑ *This Hospital Insurance Plan Paid Its Way* ❑ *Veterans in Non-Government Hospitals* ❑ *Unique Capping Exercises* ❑ *How a Central Dressing Room is Operated* ❑ *Two Hospitals Meet a Crisis* ❑ *What's So Mysterious About a Budget?* ❑ *Oxygen Tent Costs and Charges* ❑ *Problems of a Small Town Dietitian*



The photo above shows an adhesive strapping for a fracture of the upper ribs. A difficult place to maintain support because the dressing is inclined to "creep" due to respiratory action. Curity adhesive means more effective dressings because it "creeps" less.



NEW INTERFOLDED CELLUWIPES

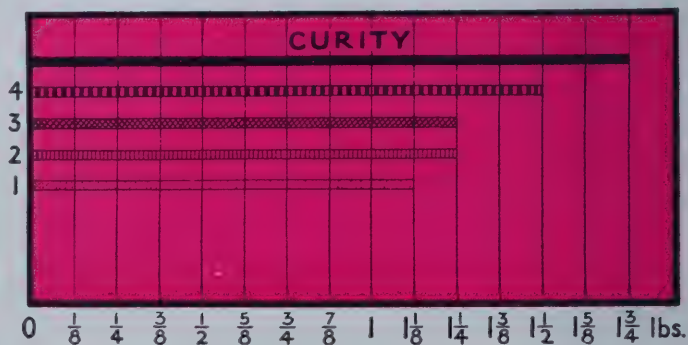
Ready-made of specially processed Cellucotton, for every wiping use . . . Interfolded for greater convenience and cleanliness. Packed in bedside size cartons.

Proved by TEST —a superior ADHESIVE

The best adhesive for you to use is the one that makes possible the most effective dressing . . . This test proves that is Curity.

The effectiveness of an adhesive strapping depends on how well it maintains the support it was so carefully applied to give. And Curity does that better than other adhesives, because it "creeps" less than any other, as this test shows. It stays in place better and longer under the strain of body movement. It guarantees the best possible adhesive dressings, the quickest and surest results.

Use Curity for better adhesive applications and for more convenient handling of adhesive in your hospital.



The ADHESION Test

This chart shows the pull, in pounds, required to strip Curity and four other brands of adhesive plaster off a smooth surface. Notice that Curity withstood greater strain, before slipping, than any of the other four

Curity
REG. U.S. PAT. OFF.

**READY
CUT**

ADHESIVE

Group of Nesco-Monel Metal and Nickel utensils including wash basin, sponge bowl, pitcher, pus basin, irrigator solution basin, instrument tray and dressing jar. Manufactured by NATIONAL ENAMELING & STAMPING CO., Chicago, Ill.



Hospitals need sanitary...chip-proof...

NESCO-MONEL METAL utensils



Nesco-Monel Metal bed pan.

• Utensils that never chip...utensils that keep their serviceability and gleaming attractiveness through years of severe hospital use—that's what you get when you specify Nesco-Monel Metal.

Because they are made of Monel Metal, they possess a rare combination of desirable properties...properties which insure minimum maintenance costs...and consequently pare replacement expense to the bone.

Monel Metal hospital utensils resist the corrosive attacks of hospital solutions, excretions and repeated sterilization. Their glass-smooth surface is easy to clean and keep clean. Strong, tough, durable, they resist the hard knocks and sharp impacts that shorten the service life of coated utensils.

Nesco-Monel Metal and Nickel utensils are made by the National Enameling & Stamping Co., 346 W. Kinzie St., Chicago, Ill. They are sold through surgical and hospital supply houses. If your regular supply house does not carry them, write direct to the manufacturer.

THE INTERNATIONAL NICKEL COMPANY, INC., 67 WALL ST., NEW YORK, N. Y.

Monel Metal is a registered trade mark applied to a technically controlled nickel-copper alloy of high nickel content. Monel Metal is mined, smelted, refined, rolled and marketed solely by International Nickel.





Chief of the American Line

TOMAC

wishes to remind you that

the PNEUMONIA MONTHS are here...and that OXYGENAIRE

can help you meet the emergencies they bring

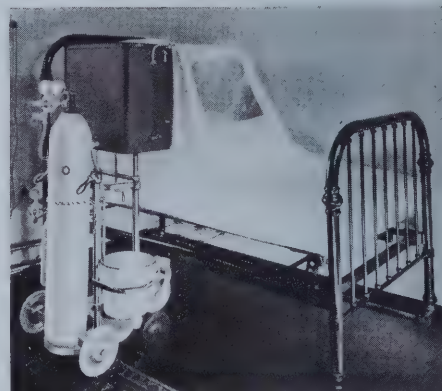
THE introduction of Oxygenaire has brought an improved technique for treating "air hunger". During the next few weeks you are sure to have emergency cases that will need the service only Oxygenaire can render so efficiently.

Oxygenaire overcomes the three most common problems in administering oxygen: (1) excessive heat in tent; (2) moisture thrown off by the patient; and (3) excessive accumulation of carbon dioxide.

Oxygenaire is simple in construction, compact, built for care-free service, and is easy to operate. It offers you the means of capably combatting your cases of oxygen deficiency.

Several Oxygenaire users report that their equipment is more than self-sustaining.

We have just published a treatise "Pertinent Facts on Oxygen Therapy" which will be gladly sent you upon request.



Exclusive Features of Oxygenaire:

1. Safety. 2. Air in tent is cooled and circulated by convection—no motors, blowers or injectors. 3. Positive temperature control through dampers. 4. Can be operated without disturbing patient. 5. Apparatus is portable because it is built complete on one chassis. 6. All parts can be easily sterilized. 7. A large and small tent with big windows available to suit individual cases. 8. Operates successfully with or without soda lime. 9. Economical in cost and operation.

American Hospital Supply Corporation

15 N. Jefferson St. • CHICAGO

PITTSBURGH • 108 Sixth Street

American Supplies and Equipment



are All Proven and Dependable

HOSPITAL MANAGEMENT

A PRACTICAL JOURNAL OF ADMINISTRATION

CONTENTS FOR FEBRUARY

HOSPITAL, DOCTOR AND NURSES CHARGES TO 100 PATIENTS.....	19
<i>C. J. Cummings and Matthew O. Foley</i>	
UNIQUE FEATURES OF N. V. A. SANATORIUM.....	24
<i>George L. Stivers, M. D.</i>	
SALESMEN I HAVE KNOWN.....	27
<i>W. S. McNary</i>	
HOSPITAL OCCUPANCY OVER 80 PER CENT OF 1929 AVERAGE.....	28
WHAT'S MYSTERIOUS ABOUT A BUDGET?.....	30
<i>Harold K. Thurston</i>	
MOVABLE NEWSSTAND PLEASES ROYAL VICTORIA PATIENTS.....	31
PAUL H. FESLER SUCCEEDS LATE E. S. GILMORE.....	32
QUESTIONS AND ANSWERS ABOUT OUT-PATIENT SERVICE.....	33
<i>Walter C. Klotz, M. D.</i>	
HOUSE COMMITTEE HEARS A. H. A. VETERANS' PROGRAM.....	34
CAPPING EXERCISES STRESS IDEALS OF NURSING.....	38
<i>Nettie B. Jordan, R. N.</i>	
DOES THE NAME FIT THE HOSPITAL?.....	39
OUR EXPERIENCE WITH A CENTRAL DRESSING ROOM.....	40
<i>Sister M. de Paul</i>	
DRUG DEPARTMENT METHODS, ECONOMIES.....	44
DUTIES OF THE HOUSEKEEPER, PRESBYTERIAN, NEW YORK.....	46
<i>Jessie H. Addington</i>	
"BALANCED BUDGET" HELPS THROUGH A CRISIS.....	47
TODAY'S PROBLEMS ON WESTERN PROGRAM.....	48
<i>B. W. Black, M. D.</i>	
TRUSTEE SHOULD NOT GO OVER SUPERINTENDENT'S HEAD.....	50
<i>William C. Geer</i>	
TEACHING STATE HOSPITAL EMPLOYEES CARE OF SUPPLIES.....	52
<i>Margaret Givney</i>	
GRINNELL HOSPITAL INSURANCE PLAN PAYS ITS WAY.....	56
<i>Esther Squire</i>	
COSTS AND CHARGES FOR OXYGEN TENTS.....	58
CANADIAN HOSPITALS APPROVED FOR INTERNS.....	62
PROBLEMS OF A SMALL TOWN DIETITIAN.....	64
<i>Maurine Bartlett</i>	
HOW HALSTEAD HOSPITAL TEACHES PATIENTS TO PREPARE DIETS.....	70
BULLETIN MAKES FRIENDS FOR DIETARY DEPARTMENT.....	72
ILLINOIS STATE DIETETIC ASSOCIATION FORMED.....	74
<i>Bernice E. Swartz</i>	
PROBLEMS OF CENTRAL TRAY SERVICE.....	76
<i>John G. Copeland, M. D.</i>	
SUGGESTIONS ON BUYING CANNED FOODS.....	78
A CHART FOR WEIGHED FOODS.....	80
UNIVERSITY OF MICHIGAN CHARGES STUDENT NURSES.....	82
<i>Harley A. Haynes, M. D.</i>	
RADIOGRAPHERS HAVE EDUCATIONAL COUNCIL.....	86
RECORD SYSTEM OF ILLINOIS MENTAL HOSPITALS.....	88
PRICE PER DOZEN SHEETS, OR COST PER YEAR?.....	92
<i>J. W. Dunaway</i>	

EVERY-MONTH FEATURES

AD-VENTURING	10	THE HOSPITAL ROUND TABLE.....	45
THE EDITORIAL BOARD SAYS.....	12	FOODS AND FOOD SERVICE.....	64
EDITORIALS	36	THE RECORD DEPARTMENT.....	88
"How's BUSINESS?".....	28	X-RAY LABORATORIES.....	86
WHO'S WHO IN HOSPITALS.....	35	NURSING SERVICE.....	82
COMMUNITY RELATIONS.....	38	THE HOSPITAL LAUNDRY.....	92
THE HOSPITAL CALENDAR.....	47	PRACTICAL INFORMATION ON EQUIP- MENT	16

BUYERS' GUIDE PAGE 4; INDEX OF ADVERTISERS PAGE 6

VOLUME XXXIII, NUMBER 2



FEBRUARY 15, 1932

HOSPITAL MANAGEMENT, published on the fifteenth of each month at 537 South Dearborn Street, Chicago, by the CRAIN PUBLISHING COMPANY. Member Audit Bureau of Circulations, Member Associated Business Papers, Inc. Subscription \$2 a year. Single copies, 20 cents. Entered as second class matter May 14, 1917, at the post office, Chicago, Ill., under the act of March 3, 1879.

HOSPITAL MANAGEMENT for February, 1932

BUYER'S GUIDE TO HOSPITAL EQUIPMENT AND SUPPLIES

ABSORBENT CELLULOSE

Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

ABSORBENT COTTON

Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.

ADHESIVE

Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.

ALUMINUM WARE

Aluminum Cooking Utensil Co.
Swartzbaugh Mfg. Co.

ANAESTHESIA GASES

Puritan Compressed Gas Corp.
S. S. White Dental Mfg. Co.

ANAESTHETIZING APPARATUS

C. M. Sorensen Co., Inc.
S. S. White Dental Mfg. Co.

ANTISEPTICS

Lehn & Fink, Inc.

ASPIRATING OUTFITS

C. M. Sorensen Co., Inc.

BABY IDENTIFICATION

J. A. Deknatel & Son
Johnson & Johnson
Physicians' Record Co.

BABY POWDER

Crystal Chemical Co.

BABY CREAM

Crystal Chemical Co.

BABY SOAP

Colgate-Palmolive-Peet Co.
Johnson & Johnson

BANDAGES

Bay Co.
Becton, Dickinson & Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.
Norvic Co.

BEDS

H. D. Dougherty & Co.
Will Ross, Inc.

BEDDING

Karr Co.
Marvin-Neitzel Corp.
Master Bedding Makers of America

BED PANS AND URINALS

Am. Hosp. Supply Corp.
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

BED PAN RACKS

H. D. Dougherty & Co.
Wilnot Castle Co.

BEVERAGES

John Sexton & Co.

BLACKBOARDS

N. Y. Silicate Book Slate Co.

BLANKETS

Cannon Mills, Inc.
Marvin-Neitzel Corp.
Will Ross, Inc.

BOOKS

Hospital Management

BRUSHES

John Sexton & Co.

CANNED FOODS

Libby, McNeill & Libby
John Sexton & Co.

CASE RECORDS

Hospital Standard Publishing Co.
Physicians' Record Co.

CATGUT

Davis & Geck, Inc.
Johnson & Johnson
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

CELLUCOTTON

Lewis Mfg. Co.

CENTRIFUGES

Central Scientific Co.

CHEMICALS

Central Scientific Co.
Davis & Geck

CHINA, COOKING

Hall China Co.
D. E. McNicol Pottery Co.
Onondaga Pottery Co.

CHINA, TABLE

Hall China Co.
D. E. McNicol Pottery Co.
Onondaga Pottery Co.

CHOCOLATE PUDDING

Calumet Tea & Coffee Co.
S. Gumpert & Co.
John Sexton & Co.

CLEANING SUPPLIES

Colgate-Palmolive-Peet Co.
J. B. Ford Co.
Lehn & Fink, Inc.
Procter & Gamble Co.
John Sexton & Co.

COCOA

Calumet Tea & Coffee Co.
S. Gumpert & Co.
John Sexton & Co.

COFFEE

John Sexton & Co.
Calumet Tea & Coffee Co.
Continental Coffee Co.

CONDENSED MILK

John Sexton & Co.

COTTON

Am. Hosp. Supply Co.
Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

CREPE BANDAGES

Becton, Dickinson & Co.
Johnson & Johnson
Norvic Co.

CUBICLE CURTAINS

H. L. Judd Co., Inc.

DENTAL EQUIPMENT

Johnson & Johnson
S. S. White Dental Mfg. Co.

DISINFECTANTS

Johnson & Johnson
Lehn & Fink, Inc.
John Sexton & Co.

DISINFECTING EQUIPMENT

American Sterilizer Co.
Wilnot Castle Co.

DISHWASHING CLEANERS

J. B. Ford Co.

DISH WASHING MACHINES

Colt's Pat. Fire Arms Mfg. Co.
Fearless Dishwasher Co., Inc.

DRESSING MATERIALS

Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.

DRINKS

John Sexton & Co.

DRUGS

Hoffmann La Roche, Inc.

DUMBWAITER DOORS

Peelle Co.

ELECTRO THERAPEUTIC APPARATUS

General Electric X-Ray Corp.
Carl Zeiss, Inc.

FISH

John Sexton & Co.

FLOOR COVERINGS

Congoleum-Nairn, Inc.

FLOOR WAX

John Sexton & Co.

FLOORING

Congoleum-Nairn, Inc.

FOOD CONVEYORS

Swartzbaugh Mfg. Co.

FOODS

Calumet Tea & Coffee Co.
Gen. Foods Sales Co.
S. Gumpert & Co.
H. T. Heinz Co.
Jell-O Co., Inc.
Libby, McNeill & Libby
John Sexton & Co.

FORMS

Hospital Standard Publishing Co.
Physicians' Record Co.

FURNITURE

Doehler Furn. Co., Inc.
H. D. Dougherty & Co.
Will Ross, Inc.
Stanley Supply Co.

GARMENTS

H. A. Dix & Sons Corp.
Marvin-Neitzel Corp.
Will Ross, Inc.
SnowWhite Garment Mfg. Co.
Women's Uniforms, Inc.

GAUZE

Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.

GAS APPLIANCES

American Gas Assn.

GAS HEAT

American Gas Assn.

GELATINE

Calumet Tea & Coffee Co.
S. Gumpert & Co.
Jell-O Co., Inc.
John Sexton & Co.

GERMICIDES

Bard-Parker Co., Inc.

GOWNS, PATIENTS'

Marvin-Neitzel Corp.
Will Ross, Inc.

HEATING EQUIPMENT

Capitol Brass Division
Johnson Service Co.

HOSPITAL BULLETINS

Hospital News.
Physicians' Record Co.

HOSPITAL FURNITURE

Doehler Furniture Co., Inc.
H. D. Dougherty & Co.

HOSPITAL PADS

Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.

HOSPITAL POSTERS

Hospital Management

HOSPITAL SUPPLIES

Am. Hosp. Supply Corp.
Bay Co.
H. D. Dougherty & Co.
Johnson & Johnson
Lewis Mfg. Co.
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

HOT WATER BOTTLES

American Hosp. Supply Corp.
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

HUMIDITY CONTROL

Johnson Service Co.

HYDRO-THERAPEUTIC APPARATUS

Powers Regulator Co.

HYPODERMIC NEEDLES

American Hosp. Supply Co.
Becton, Dickinson & Co.
Meinecke & Co.
Stanley Supply Co.

ICE BAGS

American Hosp. Supply Corp.
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

ICE CREAM FREEZERS

Champion Line Machinery, Inc.

IDENTIFICATION NECKLACES

J. A. Deknatel & Son

INCUBATORS

J. A. Deknatel & Son, Inc.

INSECTICIDES

John Sexton & Co.

INTERCOMMUNICATING SYSTEMS

Holtzer-Cabot Electric Co.
Western Electric Co.

IRONING MACHINES

Kellman-Sycamore Co.

JANITORS' SUPPLIES

J. B. Ford Co.
John Sexton & Co.

JOURNALS

Hospital Management

KITCHEN EQUIPMENT

Aluminum Cooking Utensil Co.
Champion Line Machinery, Inc.
Colt's Pat. Fire Arms Mfg. Co.
Edison General Elec. Appliance Co.
Fearless Dishwasher Co., Inc.
Bernard Gloekler Co.
Hall China Co.
John E. Smith's Sons Co.
Swartzbaugh Mfg. Co.
Waters-Genter Co.

LABORATORY EQUIPMENT

Central Scientific Co.
Spencer Lens Co.
Carl Zeiss, Inc.

LACQUERS and ENAMELS

Zapon Co.

LAUNDRY EQUIPMENT

Kellman-Sycamore Co.

LAUNDRY SUPPLIES

J. B. Ford Co.
Lehn & Fink, Inc.
Procter & Gamble Co.
John Sexton & Co.

LAXATIVES

Health Products Corp.
Hoffmann-La Roche, Inc.

LINENS

Cannon Mills, Inc.
Utica Steam & Mohawk Valley Cotton Mills

LINOLEUM

Congoleum-Nairn, Inc.

MATTRESSES

H. D. Dougherty & Co.
Karr Co.
Master Bedding Makers of America.

MEMORIAL TABLETS

Puritan Compressed Gas Corp.

MICROSCOPES

Central Scientific Co.
Spencer Lens Co.

MONEL METAL

International Nickel Co.

MOTION PICTURE EQUIPMENT

Eastman Kodak Co.

MUSIC REPRODUCTION

Western Electric Co.

NAPKINS (PAPER)

Aatell & Jones, Inc.
Will Ross, Inc.
John Sexton & Co.

NICKEL WARE

International Nickel Co.

NURSES' GARMENTS

H. A. Dix & Sons Corp.
Marvin-Neitzel Corp.
Will Ross, Inc.
SnowWhite Garment Mfg. Co.
Women's Uniforms, Inc.

OPERATING ROOM LIGHTS

Carl Zeiss, Inc.

OXYGEN

Linde Air Products Co.

OXYGEN THERAPY EQUIPMENT

American Hospital Supply Corp.
Puritan Compressed Gas Corp.

PAPER GOODS

Aatell & Jones, Inc.
Meinecke & Co.
Will Ross, Inc.
John Sexton & Co.

PAPER NAPKINS

Aatell & Jones, Inc.
John Sexton & Co.

PATIENTS' RECORDS

Hospital Standard Pub. Co.
Physicians' Record Co.

PHARMACEUTICALS

Health Products Corp.
Hoffmann-La Roche, Inc.

PHOTOGRAPHIC EQUIPMENT, SUPPLIES

Eastman Kodak Co.

PHYSIOTHERAPEUTIC APPARATUS

Gen. Elec. X-Ray Corp.
Carl Zeiss, Inc.

PLUMBING FIXTURES

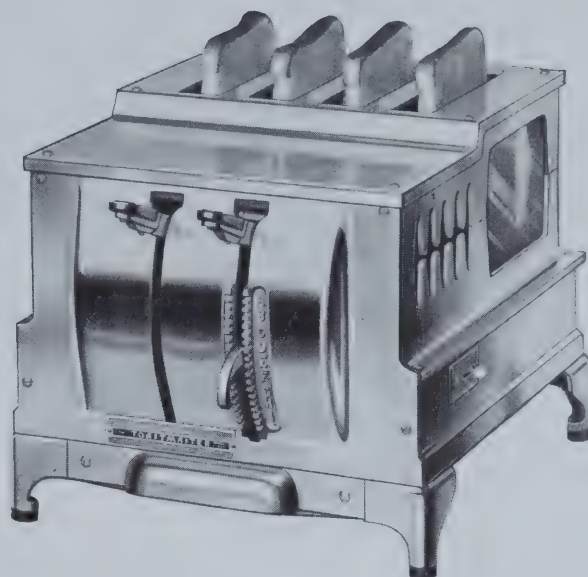
Powers Regulator Co.

FLEXIBLE, INTERMITTENT OPERATION

Makes TOASTMASTER

the Ideal Toaster
for Hospital Use

**4-Slice Model
costs only \$100**



4-slice Toastmaster, shown here, makes 208 slices of toast per hour. \$100. 8-slice Toastmaster, \$180. 3-slice Toastmaster, \$70. Pacific Coast prices slightly higher

In most hospitals orders for toast are quite irregular. Even during the busy meal hours, they are likely to be intermittent and to vary considerably from day to day. The toasters in the diet kitchens may be used only a few moments a day.

See how Toastmaster fits this picture. You never have to preheat Toastmaster. It's always ready for use—you merely drop in bread and press a lever. When the toast is done, up it pops and the current shuts off automatically.

Most economical to use

Thus *Toastmaster consumes current only when actually toasting bread.* This makes it the most economical of all toasters to operate. How much Toastmaster's flexible, intermittent operation will save is indicated by meter readings taken in many different installations. These show that where fairly large quantities of toast are made the savings run as high as 59%. If small quantities are made (which is practically always the case in diet kitchens), the saving is even greater.

The initial cost is also low. The 4-slice model, which makes as much as 208 slices per hour, costs only \$100.

Toastmaster can be conveniently installed in every diet kitchen without heavy expense.

Besides, Toastmaster makes better toast—electric toast—the toast people make and prefer in their own homes. Toastmaster Toast stays hot till served. And after it's served it stays fresh and crisp longer than toast made in other ways.

You should certainly know all the advantages of Toastmaster. Your institutional dealer will tell you about them. Or write us direct for full information and proof of savings.

ASK ABOUT THESE OTHER PRODUCTS
made by the makers of Toastmaster

WAFFLEMASTER—Makes perfect waffles automatically.

THERMOTAINER—Keeps cooked and baked foods hot and fresh electrically.

TOASTMASTER

AUTOMATIC ELECTRIC TOASTER

(MADE UNDER STRITE PATENTS)

WATERS-GENTER COMPANY

A Division of McGraw Electric Company

Dept. B2, 219 North Second Street, Minneapolis

See exhibits in showrooms of these Sales Offices:

Eastern Sales Office: 196 Lexington Avenue at 32nd Street, New York

Chicago Sales Office: 222 West Adams Street, Chicago, Illinois

Pacific Coast Sales Office: 973 Market Street, San Francisco, California

WATERS-GENTER COMPANY, Dept. B2.
219 N. Second Street, Minneapolis, Minn.

Please send your new booklet on Toastmaster without obligation.

Hospital _____

Attention cf. _____

Address _____

INDEX TO ADVERTISERS

AATELL & JONES, INC.....	77	JARVIS & JARVIS, INC.....	81
AMERICAN GAS ASS'N.....	75	JOHNSON & JOHNSON.....	Third Cover
AMERICAN HOSPITAL SUPPLY CORP.....	2	JOHNSON SERVICE CO.....	61
AMERICAN STERILIZER CO.....	Insert, facing p. 17	JUDD, H. L., Co.....	15
BARD-PARKER CO., INC.....	11	KARR, CHARLES, CO.....	55
BAY CO.....	59	KAUFFMANN, HENRY L., & Co.....	83
BECTON-DICKINSON & CO.....	84	KELLMAN-SYCAMORE CO.....	92
BOHN ALUMINUM & BRASS CORP.....	89	KELVINATOR CORP.....	69
CALUMET TEA & COFFEE CO.....	73	LEHN & FINK, INC.....	85
CANNON MILLS, INC.....	17	LEWIS MFG. CO.....	Second Cover
CAPITAL BRASS DIVISION.....	89	LIBBY, MCNEILL & LIBBY.....	67
CENTRAL SCIENTIFIC CO.....	86	LINDE AIR PRODUCTS CO.....	57
CLASSIFIED ADVERTISEMENTS.....	95	MASTER BEDDING MAKERS OF AMERICA.....	55
COLGATE-PALMOLIVE-PEET CO.....	81	MEINECKE & CO.....	18
CONGOLEUM-NAIRN, INC.....	49	MILWAUKEE LACE PAPER CO.....	79
CONTINENTAL COFFEE CO., INC.....	77	MONASH-YOUNKER CO.....	91
DAVIS & GECK.....	7	N. Y. SILICATE BOOK SLATE CO.....	91
DIX, HENRY A., & SONS CORP.....	85	NICHOLS, DAVID, CO.....	91
DOEHLER FURNITURE CO.....	8	PROCTER & GAMBLE CO.....	53
EASTMAN KODAK CO.....	51	PURITAN COMPRESSED GAS CORP.....	85
FORD CO., J. B.....	13	ROSS, WILL, INC.....	82
GENDRON WHEEL CO.....	91	SEXTON, JOHN, & CO.....	Insert, p. 16
GENERAL ELEC. X-RAY CORP.....	87	SNO-WHITE GARMENT MFG. CO.....	83
GLOEKLER, BERNARD, CO.....	79	SOLAR-STURGES MFG. CO.....	88
GRISWOLDVILLE MFG. CO.....	63	SORENSEN, C. M., CO., INC.....	90
GUMPERT, S., CO.....	Fourth Cover	STANLEY SUPPLY CO.....	83
HEINZ, H. J., CO.....	71	SWARTZBAUGH MFG. CO.....	65
HOFFMANN LA ROCHE, INC.....	89	UTICA STEAM AND MOHAWK VALLEY COTTON MILLS.....	14
HOLTZER-CABOT ELECTRIC CO.....	86	WATERS-GENTER CO.....	5
HOSPITAL STANDARD PUB. CO.....	88	WESTERN ELECTRIC CO.....	9
INTERNATIONAL NICKEL CO.....	1	WOMEN'S UNIFORMS, INC.....	85
		ZAPON CO.....	89

BUYER'S GUIDE TO HOSPITAL EQUIPMENT AND SUPPLIES—Cont'd

PROJECTING MACHINES Eastman Kodak Co. Spencer Lens Co. Carl Zeiss, Inc.	SELF-CLOSING RECEPTACLES Solar-Sturges Mfg. Co.	SUCTION, ETHER APPARATUS C. M. Sorensen Co., Inc.	THERMOSTATS Johnson Service Co.
RADIO EQUIPMENT Western Electric Co.	SERVICE WAGONS Swartzbaugh Mfg. Co.	SURGICAL BINDERS Marvin-Neitzel Corp.	TILE, FLOOR Congoleum-Nairn, Inc.
RECEPTACLES Solar-Sturges Mfg. Co.	SHEETS AND PILLOW CASES Cannon Mills, Inc. Johnson & Johnson Utica Steam & Mohawk Valley Cotton Mills	SURGICAL DRESSINGS Bay Co. Griswoldville Mfg. Co. Johnson & Johnson Lewis Mfg. Co.	TOASTERS, AUTOMATIC Waters-Genter Co.
RECORD SYSTEMS Hospital Standard Pub. Co. Physicians' Record Co.	SHOWER REGULATORS Powers Regulator Co.	SURGICAL INSTRUMENTS Bard-Parker Co., Inc. Meinecke & Co. Carl Zeiss, Inc.	TOWELS Cannon Mills, Inc.
REFRIGERATION, ELECTRIC Kelvinator Corp.	SHROUD COVERS Aatell & Jones, Inc.	SUTURES Am. Hosp. Supply Co. Davis & Geck, Inc. J. A. Deknatel & Son, Inc. Johnson & Johnson Meinecke & Co. Will Ross, Inc. Stanley Supply Co.	TRAY CARRIERS Swartzbaugh Mfg. Co.
REGULATORS, VALVE Linde Air Products Co.	SIGNAL AND CALL SYSTEMS Holtzer-Cabot Elec. Co. Western Electric Co.	SYRINGES Am. Hospital Supply Corp. Becton, Dickinson & Co. Meinecke & Co.	TRAY COVERS Aatell & Jones, Inc.
ROLLING WINDOW SCREENS Rolscreen Co.	SOAPS Colgate-Palmolive-Peet Co. Johnson & Johnson Procter & Gamble Co. John Sexton & Co.	TALCUM POWDER Crystal Chemical Co.	UNIFORMS Marvin-Neitzel Co. Henry A. Dix & Sons Corp. Sno-White Garment Mfg. Co. Will Ross, Inc. Women's Uniforms, Inc.
RUBBER GOODS Am. Hospital Supply Corp. Central Scientific Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.	SOAP DISPENSERS Aatell & Jones, Inc. Colgate-Palmolive-Peet Co. Procter & Gamble Co.	TEA Calumet Tea & Coffee Co.	WALL COVERING Congoleum-Nairn, Inc.
RUBBER SHEETING Johnson & Johnson Lewis Mfg. Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.	SODA, LAUNDRY J. B. Ford Co. John Sexton & Co.	TELEPHONE SYSTEMS Holtzer-Cabot Electric Co. Western Electric Co.	WARDROBES Stanley Supply Co.
SANITARY NAPKINS Johnson & Johnson Lewis Mfg. Co.	SPUTUM CUPS Aatell & Jones, Inc. Johnson & Johnson Meinecke & Co. Will Ross, Inc.	TEMPERATURE REGULATION Capitol Brass Division Johnson Service Co. Powers Regulator Co.	WASTE RECEPTACLES Solar-Sturges Mfg. Co.
SANITARY PAPER PRODUCTS Aatell & Jones, Inc.	STEAM TABLE INSETS, CHINA Hall China Co.	THERMOMETERS Am. Hosp. Supply Co., Inc. Becton, Dickinson Co. Central Scientific Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.	WATER STILLs American Sterilizer Co. Central Scientific Co.
SCIENTIFIC APPARATUS Spencer Lens Co.	STEAM TRAPS Monash-Younger Co. Powers Regulator Co.	WATERPROOF SHEETING Am. Hosp. Supply Co. Johnson & Johnson Lewis Mfg. Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.	X-RAY APPARATUS Gen. Elec. X-Ray Corp. Meinecke & Co. Stanley Supply Co.
SCREENS, WINDOW Rolscreen Co.	STERILIZER CONTROLS American Sterilizer Co. A. W. Diack Powers Regulator Co.	X-RAY FILMS, SUPPLIES Eastman Kodak Co. General Electric X-Ray Corp.	
	STERILIZERS American Sterilizer Co. Central Scientific Co. Wilmot Castle Co.		



KALMERID *Germicidal Tablets*

Potassium-Mercuric-Iodide

THIS double salt of iodine and mercury is one of the most efficient germicides known. It exceeds both iodine and bichloride of mercury in bactericidal potency, is of comparatively low toxicity, is non-irritative, and forms no insoluble combinations with proteins.

Each tablet contains 0.5 gram ($7\frac{1}{2}$ grains) potassium-mercuric-iodide

Bottle of 100 tablets.....\$3.00
Less 25% on 10-bottle lots or more

Literature describing Kalmerid Germicidal Tablets, their action, uses, and advantages, will be sent upon request.

DAVIS & GECK, INC.

217 DUFFIELD STREET BROOKLYN, N. Y.

Economical—effective

If you are looking for competent, well trained executives and employes—if you want to buy or sell equipment, supplies or services—if your institution gives postgraduate courses in nursing, dietetics, record work, etc.—in fact, if you want to buy, sell or exchange any type of service or commodity that can be used by hospitals, you will find the Classified Advertising Department of HOSPITAL MANAGEMENT the most economical and effective method of achieving results.

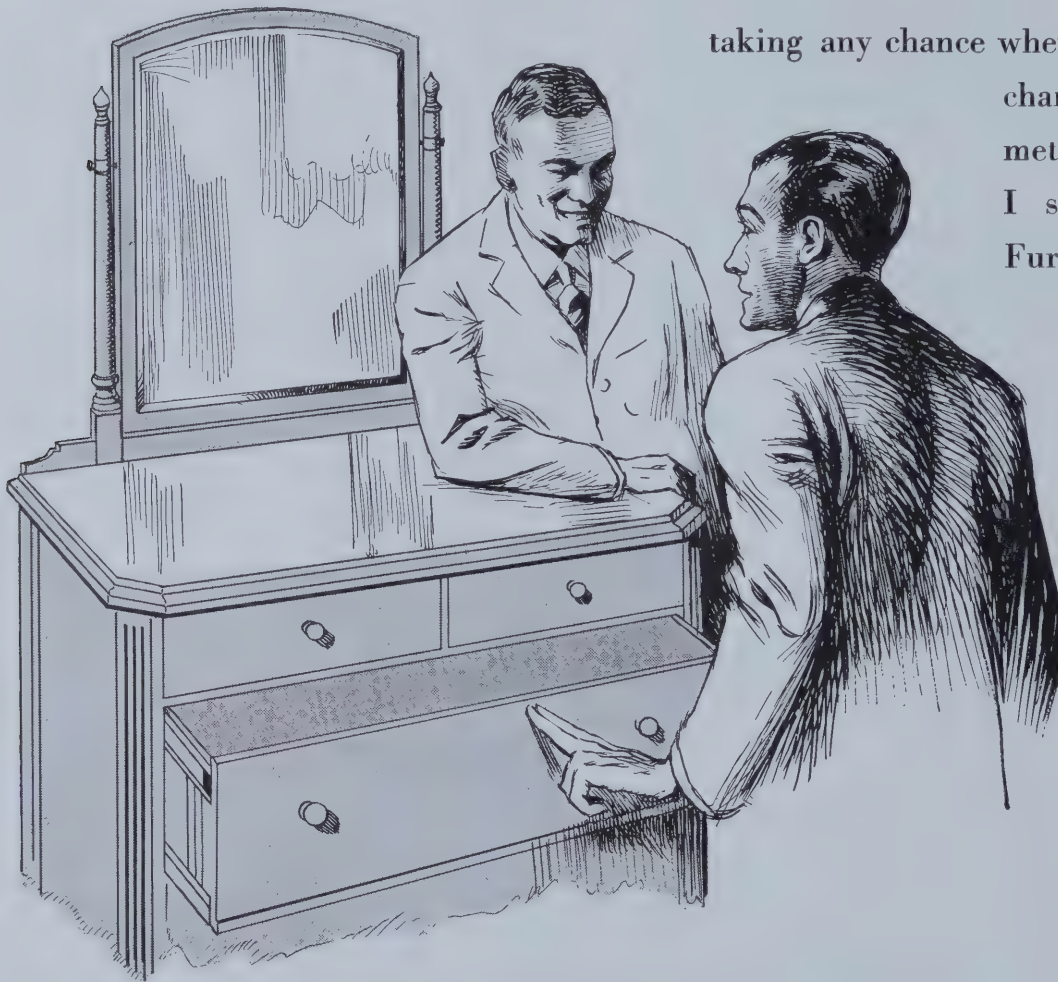
DOEHLER IMPROVED METAL FURNITURE

**"You win! These drawers
are easy—and quiet!"**

I DON'T KNOW how they've done it but you can close any of these Doehler drawers with one finger, and if you slam them shut you get just a *quiet* thud—

no clang. Seems to me that Doehler has applied the idea of fine cabinet making to metal—the edges of the top are rounded for example—it's the refinement of the furniture that I like. You weren't taking any chance when you bet that I'd

change my mind about metal furniture when I saw your Doehler Furniture."



We'd like you to see Doehler Metal Furniture. If you'll tell us *where* you are we'll see that you have an opportunity to inspect it at your leisure and at your convenience.

Number 6 of a series of actual occurrences. Names on request.

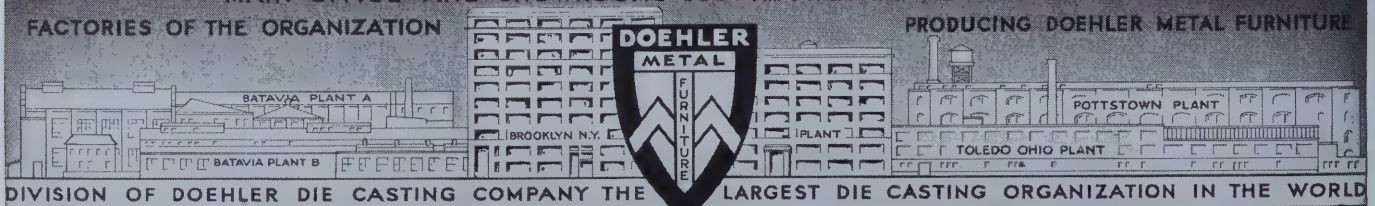
Please address your inquiry to Dept. H. M.

DOEHLER FURNITURE CO., INC.

MAIN OFFICE AND SHOWROOMS 386 4th AVENUE NEW YORK CITY

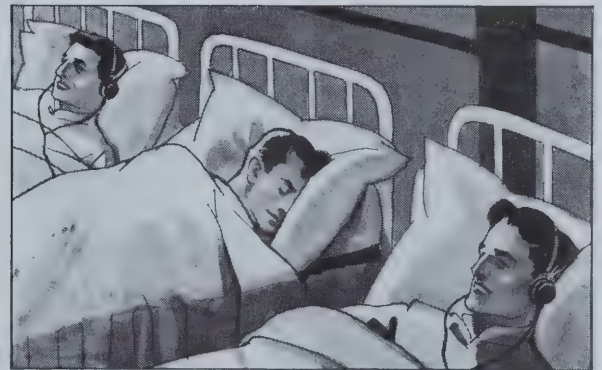
FACTORIES OF THE ORGANIZATION

PRODUCING DOEHLER METAL FURNITURE






Another kind of **NEEDLE** *to make them forget!*



Music makes patients forget their pain and their long hours of convalescence. Bring it to every bed in the

hospital—with the Western Electric Music Reproducing System. Standard records are played (by this equipment)—the music  amplified—delivered to earphones in wards, and to earphones or loud speakers in rooms. The quality of reproduction is vouched for by Western Electric with an experience of more than 50 years in making sound transmission apparatus for the



Bell System.

Western Electric

PUBLIC ADDRESS AND MUSIC REPRODUCING SYSTEMS

Distributed by GRAYBAR Electric Company

GRAYBAR ELECTRIC CO.
Graybar Building, New York, N. Y.

HM 2-32

Gentlemen: Please send us illustrated booklet on the Music Reproducing System.

NAME

ADDRESS

CITY STATE

AD-venturing

Of course your staff wants more and more radiographs. For X-ray service provides some of their most dependable diagnostic information. . . . When Eastman Ultra-Speed and Diaphax X-ray Films are used, they have the advantages of better radiographs, and still costs are kept low. Page 51.

* * *

The effectiveness of an adhesive strapping depends on how well it maintains the support it was so carefully applied to give. And Curity does that better than other adhesives, because it "creeps" less than any other. Second cover.

* * *

To make food service look more inviting . . . give it the background of Milipaco paper tray covers. You'll find that their beautifully embossed, crisp appearance adds a delightful touch that patients appreciate. Page 79.

* * *

Whether it is an injury of the head or of any other part of the body, Victor shock-proof X-ray apparatus offers ideal means for fluoroscopic examination when the need is urgent. Page 87.

* * *

Comparative chemical tests reveal that "Lysol" contains 20 per cent more germ-killing concentrate and 50 per cent less water than the average figures of 10 substitutes. Page 85.

* * *

It is impossible to make a laundry soda that has human intelligence. If it is too strong, its action will not stop with the removal of dirt—it will attack and weaken the fibres and colors of garments. That is the danger of quick washing laundry sodas. Page 13.

* * *

This double salt of iodine and mercury is one of the most efficient germicides known. It exceeds both iodine and bichloride of mercury in bactericidal potency, is of comparatively low toxicity, is non-irritative, and forms no insoluble combinations with proteins. Page 7.

* * *

Heinz Rice Flakes have this important laxative quality because pure cereal cellulose . . . has been added to them. . . . When moisture is absorbed, this cereal-cellulose expands and forms a gentle, stimulating bulk, wholly free of harsh or irritating substances. It gives Heinz Rice Flakes the same natural regulative effect as the cellulose in certain fruits and vegetables . . . a quality often

These pithy paragraphs of practical and pertinent information concerning supplies and equipment are typical of the kind of information manufacturers and sales organizations offer readers of "Hospital Management" in every issue. Experienced hospital executives make it a point to read advertising pages carefully, too, and to keep in touch with new ideas and improvements in equipment and supplies as well as in methods of hospital administration. Every issue contains information as interesting and helpful as the paragraphs on this page, chosen at random from this month's advertisements.

referred to as a "corrective vegetable effect." Page 71.

* * *

"I don't know how they've done it, but you can close any of these Doepler drawers with one finger, and if you slam them shut you get just a quiet thud—not clang." Page 8.

* * *

In most hospitals orders for toast are quite irregular. Even during the busy meal hours they are likely to be intermittent and to vary considerably from day to day. The toasters in the diet kitchens may be used only a few moments a day.

See how Toastmaster fits this picture. You never have to preheat Toastmaster. It's always ready for use—you merely drop in bread and press a lever. When the toast is done, up it pops and the current shuts off automatically. Page 5.

* * *

In many training schools, the story of SnoWhite style, value, comfort and low cost-per-year has been handed down from one graduating class to another. As a result, it has become a tradition for each succeeding class to specify SnoWhite tailored uniforms for graduation. Page 83.

* * *

If we sent you a set of shock absorbing casters, would you try them? All we ask is that you try them—and we will send you a set of these casters, subject to your approval. Page 81.

* * *

Waste in business may mean the difference between success and failure. But waste in hospital management is the greater tragedy of mis-

spent support and friendship. The elimination of waste is the careful study and studious practice of every progressive hospital executive. Page 65.

* * *

Monel metal hospital utensils resist the corrosive attacks of hospital solutions, excretions and repeated sterilization. Their glass-smooth surface is easy to clean and keep clean. Page 1.

* * *

Sally is typical of thousands of other patients you must please at meal time. Pleasing them often rests on the meal's final impression, the coffee. Continental coffee eliminates all doubt—it is so unvaryingly delicious, wholesome and pure. Page 77.

* * *

Ethicon sutures are unusually strong and extremely pliable, uniform in size, and heat-sterilized. They are ready to use upon breaking the tube—they require no soaking or other conditioning. Third cover.

* * *

Like to lower your operating expenses? And still keep your service at its present peak? Then consider Cannon towels—and the fact that the price of cotton and other raw materials is lower now than it has been for thirty years. Page 17.

* * *

Many a hospital superintendent has experienced something of a shock to discover the number of sheets purchased in proportion to the number of beds. What becomes of so many sheets?

Here are two ways to check up on waste. Find out the number of idle sheets in the sewing room. (You may be surprised.) Get the facts on the amount of service per dollar of cost you are obtaining from your sheets. Page 14.

* * *

Don't think for a moment that the soap you supply to your patients isn't important. It is. Soap is one of those personal, intimate things that help to please your patients. One of those "little appointments" that mean so much in impressing patients with your consideration for their comfort and well-being. Page 81.

* * *

The Stanley thermometer rack is a step forward in modern hospital technique because it assures greater protection for the patient. Its all metal construction permits of thorough sterilization. A frosted patch on each tube upon which patient's name or number may be written identifies the thermometer, thus reducing the chances of confusion and the danger of infection. Page 83.



The keen edges of Bard-Parker blades are often dulled by the injurious effects of boiling in water or immersing in corrosive sterilizing mediums. For the preservation of delicate cutting edges and all metal instruments, the Bard-Parker Company recommends **BARD-PARKER Formaldehyde GERMICIDE**. This solution, powerful and rapid in action, is non-injurious to metal instruments, rubber and glass. Complete description and reports of bacteriological tests sent upon request. Ask your dealer.

PRICES: Bard-Parker handles—\$1.00 each. Blades, all sizes, 6 of one size per pkg.—\$1.50 per doz.

QUANTITY DISCOUNTS: 1 to 5 gross, assorted sizes of blades, unit delivery—10% discount. 5 gross or over, assorted sizes of blades, unit delivery—15%.

BARD-PARKER COMPANY, INC.
369 Lexington Avenue, New York, N.Y.

It's Sharp

A B A R D - P A R K E R P R O D U C T

Occupancy of Hospital Beds—Nursing Problems of Small Hospitals—Hospitals as a Business—How Much Progress is Accomplished

THE day of the hospital as a business is rapidly passing. The number of hospitals operated for profit is rapidly decreasing and even now represents only a very small portion of the field. The hospital of today which must do so much for the poor needs the help of the state and of the church and other benevolent agencies. But all of this is not intended to convey the idea that business-like methods are not needed in hospitals. They are needed more than ever. At the same time, hospitals must be human, with every consideration for the poor patient. But hospitals need financial support from the state as well as other agencies, because there is every indication that hospitals must do more and more work for the poor.—PAUL H. FESLER.

THE acute financial condition in which some hospitals have found themselves in the past year or so ought to help gather support for those active and industrious individuals in nearly every state who are willing to devote much more than their fair share of time to legislative or educational work that will help to improve the lot of the hospitals with reference to industrial service, care of automobile accident patients, or in some other matter.

In a few states progress and accomplishment that has meant a huge sum to the hospitals over the period of even one year has been gained in some instances by one active individual whose persistence and energy finally brought an amendment to a law, or a new law from which all hospitals in the state have benefited. Men and women of this type are those who are contributing in a most important way to the progress of hospitals, for they are just as progressive in matters of methods and management as they are in legislative affairs.—M. O. F.

IT is undoubtedly true that there is a lack of uniformity in hospital accounting systems. Probably there are not two hospitals in this country whose bookkeeping systems are exactly alike. Some will have a detailed analysis of income and expense accounts, and others will have these accounts condensed into a few revenue accounts and a few expense accounts. There will be some differences that are due to the size of the hospital and others that will be due to the difference of opinions and methods of the bookkeepers and accountants who have the accounting records in charge.

There are some differences which might be reflected in the financial statements of hospitals which are more important than mere bookkeeping methods.—W. W. RAWSON.

THE nursing situation is one that seems to be giving the most trouble of any one department in the hospital at present, judging from information received from various hospitals. State boards and national nursing organizations are maintaining or raising standards and more hospitals cannot meet them. Many

small hospitals are too far distant from a large hospital to make affiliation practical. As for graduate nurses, much of the unemployment is due to the fact that there are so many people unable to afford their services. I have found conditions similar to this existing in a number of states on recent visits.—B. A. WILKES, M. D.

THINGS are looking better locally as we have an average of twenty patients more a day than we had in December. I think Dr. MacEachern's point well taken and the hospital occupancy has been influenced by the things he mentioned. However, our local condition is different. Our low census has been entirely due to the financial condition. This is shown by the fact that the doctors have not been busy. Dentists tell us people are only coming to them for emergency work or when they are driven there on account of severe pain. The farmers are all hard up and cannot sell grain for enough to take care of the operating expenses. It naturally follows that a person does not care to take on hospital expense unless absolutely necessary.—CLARENCE H. BAUM.

Members of the Editorial Board of HOSPITAL MANAGEMENT are glad to give the benefit of their experience and advice to any reader who has a question or problem for their consideration.

Why not take advantage of this service?

Many undoubtedly hesitate, in the belief that their own questions may appear trivial or unusual, but usually it is found that it is just such questions as these which are in the minds of many other individuals.

HOSPITAL MANAGEMENT cordially invites readers to submit questions relating to problems of individual institutions for consideration by the editorial board, as well as questions relating to a general situation or condition. No obligation is involved and an effort will be made to give a satisfactory answer to every inquiry. Address questions to HOSPITAL MANAGEMENT, 537 South Dearborn Street, Chicago.

Washing Clothes Safely

It is impossible to make a laundry soda that has human intelligence. If it is too strong its action will not stop with the removal of dirt,—it will attack and weaken the fibres and colors of garments. That is the danger of quick washing laundry sodas.

The unusual ability of Wyandotte to completely loosen dirt and other foreign substances, permitting them to rinse away freely, without causing the slightest damage to the wash,—this is the reason Wyandotte Yellow Hoop is so popular with hospital laundries.



Order from your Supply Man
or write for detailed
information.

Wyandotte
Washes Clean
Yellow Hoop

The J. B. Ford Company

Wyandotte, Michigan

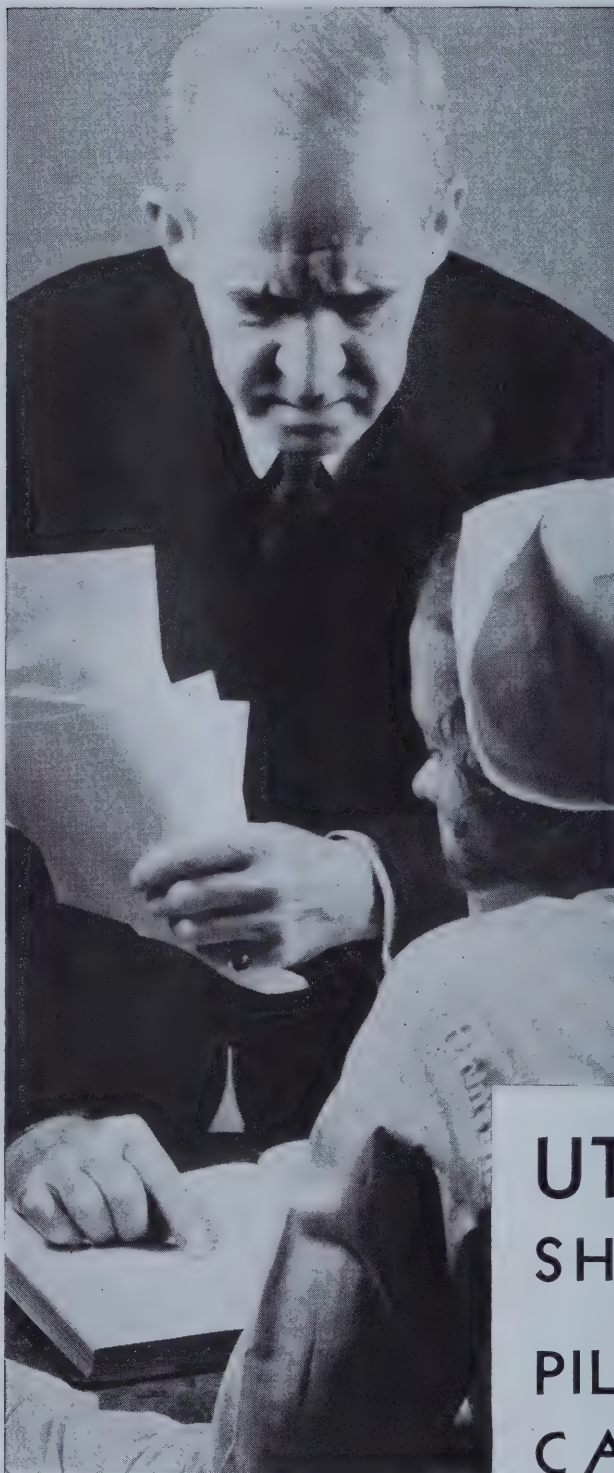
We buy a lot of sheets for a hospital this size...

Many a hospital superintendent has experienced something of a shock to discover the number of sheets purchased in proportion to the number of beds. What becomes of so many sheets?

Here are two ways to check up on waste. Find out the number of idle sheets in the sewing room. (You may be surprised.) Get the facts on the amount of service per dollar of cost you are obtaining from your sheets.

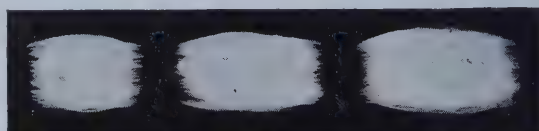
Because of the longer fibre cotton from which they are made, Utica sheets have an uncanny way of standing hundreds of washings—and without frequent trips to the sewing room. The result is that you can operate on a smaller inventory, and materially reduce your annual sheet purchases.

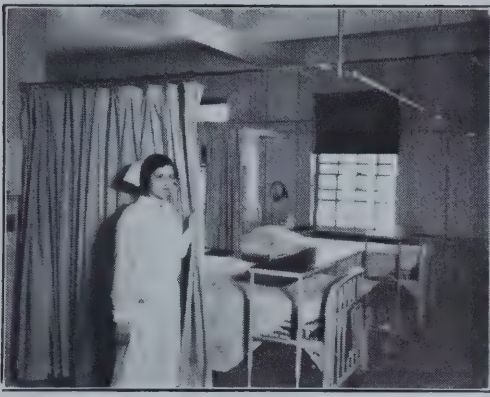
Free samples of Utica sheets will gladly be furnished to hospital authorities upon request. Utica Steam & Mohawk Valley Cotton Mills, Utica, N. Y. Taylor, Clapp & Beall, Selling Agents, 55 Worth Street, New York City.



**UTICA
SHEETS
•
PILLOW
CASES**

Less than 6% of the cotton crop meets Utica quality standards. The three cotton staples illustrated (photograph reduced) show the amazing difference in the length of the fibre of cotton used in sheeting. Only cotton which measures up to the longest of these staples and meets the Utica specifications for strength and cleanliness is used in Utica and Mohawk sheets.





DAY'S *System of curtain screening insures each patient*

Instant, Quiet, Complete Privacy

Day's Cubicle Curtain Equipment makes possible *the total enclosure of one bed with one curtain*. This is achieved by the use of specially designed equipment which permits the curtain to run past the brackets supporting the overhead track.

The flexibility of Day's system is an important feature—beds may be completely screened or the curtains may be pushed back against the wall for an unobstructed ward view. Beds and other equipment may be moved freely at will.

Suspending the equipment from overhead eliminates dust-collecting crevices and facilitates cleaning. All brackets, tubing and hooks are chromium-plated and stay bright without laborious polishing.

The felt wheel roller bearing hooks glide smoothly and silently. The curtains run easily at a light touch.

Day's Curtains are sun-fast, tub-fast and supershrunk according to U. S. Navy specifications—made specifically to withstand the most severe hospital laundering and sterilization. They are available in a variety of cheerful, attractive colors to harmonize with any decorative scheme.

The cost of a complete installation of Day's Cubicle Curtain Equipment is less than $\frac{5}{8}$ of 1 per cent of the building costs in new construction. It is equally suited for use in remodeling and modernizing existing hospitals.

We shall be pleased to furnish further information and submit quotations upon request.

H. L. JUDD COMPANY, Inc., *Hospital Division*

Founded 1817

87 Chambers Street

New York City

DAY'S CUBICLE CURTAIN EQUIPMENT

H. L. JUDD COMPANY, INC.
87 Chambers St., New York City

Please send me "Privacy in the Modern Hospital"—your new booklet on the problem of suitable screening and how leading hospitals have solved it.

Your name
Hospital
Address

H. M. 2-32

***Send
for this
new
booklet***

Keep Up-To-Date On News of Equipment

IMPROVEMENTS and changes in models, prices and features of equipment and supplies are being made nearly every month, but the hospital executive need not leave his or her office or take a great deal of time to keep up with this important news. Manufacturers and distributing organizations bring information concerning these changes through salesmen and through booklets and pamphlets. Each piece of equipment literature is important enough in the eyes of the manufacturer to justify the expense of its publication. Here are selected pamphlets which any reader may have on request to HOSPITAL MANAGEMENT or direct to the company:

Acoustics, Soundproofing

No. 309. "Less Noise . . . Better Hearing," an interesting treatise on the problems of sound absorption and methods by which noise may be eliminated. Beautifully illustrated. Published by the Celotex Co.

Anaesthetics

No. 290. "Suggested precautions in the use of ether, ethylene and other anesthetics." Puritan Compressed Gas Corp. c30.

No. 318. "Safety Gas Oxygen Apparatus," an eight-page booklet which explains the advantages of the "McCurdy model" gas anesthesia machine, particularly with relation to lowered operating costs and better anesthetic results. Safety Anesthesia Apparatus Concern.

No. 321. "A Few Suggestions on the Proper Operation of Gas Cylinder Valves and Pressure Reducing Regulators," an informative booklet dealing with the proper handling of compressed gases. Also, "Meeting Every Test." The Puritan Compressed Gas Corp.

Cleaning Preparations, Soaps, Etc.

No. 326. "The story of soap," an intensely interesting booklet telling in story and pictures of the making of soap and soap products. Unusually well illustrated. The Procter & Gamble Co.

Cubicle Equipment

No. 305. A collection of looseleaf photographs of installations of cubicle equipment in various hospitals. H. L. Judd Company, Inc.

Flooring

No. 334. "Resilient Floors," an interesting photograph album showing Sealex floors designed and laid in recent years. Also contains a description of the many types of Sealex floors. Congoleum-Nairn, Inc. 232

General Equipment, Furnishings and Supplies

No. 324. Price list and descriptive folder explaining the unusual features of Vic elastic crepe bandages. The Norvic Co.

No. 325. "Niedecken Surgical Lavatory Control," an attractive folder showing the application of knee and elbow control and temperature control devices on plumbing fixtures. Hoffman & Billings Mfg. Co.

No. 295. Catalog in full color showing various types of Doehler metal furniture for hospitals and institutions. Doehler Metal Furniture Co. f0.

No. 327. Booklet describing professional uniforms for nurses and others, published by Henry A. Dix & Sons Corp. b0

No. 284. "Modern Ideas About Towels." Cannon Mills, Inc. b0

No. 261. "Nurses' Apparel and Hospital Supplies," a 32-page catalog. Neitzel Manufacturing Co., Inc.

No. 320. "The Nurse and Her Uniform, 1931," and "SnoWhite Tailored Uniforms," two interesting booklets

illustrating a variety of styles and fabrics for uniforms. Includes measurement tables and prices. The SnoWhite Garment Mfg. Co.

No. 323. "Standard ready dressings and supplies for hospitals," a folder showing the styles, types and sizes of ready made products. Johnson & Johnson.

No. 328. "Curity Ready Made Dressings Manual," an interesting manual showing the complete line of ready made dressings, with descriptions of uses and other informative material. Lewis Mfg. Co. L31.

No. 329. The 1932 catalog of Will Ross, Inc. Attractively printed, well arranged catalog of the complete line of hospital equipment and supplies. L31.

No. 330. A well printed and illustrated catalog describing Conco temperature regulating valves. Complete with description of uses, manner of installation, prices, etc. Capitol Brass Division of Bohn Aluminum & Brass Corp. 132

No. 333. Numerous interesting booklets and pamphlets describing the therapeutic effects, the method of manufacture, and medical history behind many "Roche" drug products. Hoffmann-La Roche, Inc. 232

No. 335. "Rolscreen Topics," a monthly house organ containing much useful information on the installation and practical value of Rolscreens. The Rolscreen Company.

Hypodermic Needles and Syringes

No. 314. "How to Obtain Maximum Service from Hypodermic Needles and Syringes," an interesting, pocket size manual on the selection of needles and syringes for each kind of service. Also contains practical information on how to sterilize, clean, and care for these instruments. Becton-Dickinson Company.

No. 332. Bulletin No. 260, describing the Powers thermostatic radiator valve, a self-operating regulator designed for vacuum or vapor steam heating systems. The Powers Regulator Co. 132

Kitchen and Food Service Equipment

No. 331. "Good Coffee," a monthly publication of interest to all quantity users of coffee. Published in newspaper style and containing many hints valuable in the preparation of coffee. Continental Coffee Co., Inc. 132

No. 300. "The Perfect Tray," by Helen E. Gilson, Onandaga Pottery Co. d0

No. 276. Modern Kitchens. A 70-page booklet. International Nickel Company. C30

No. 252. "Scientific Hospital Meal Distribution." Swartzbaugh Mfg. Co., Toledo, O.

Laundry Equipment and Supplies

No. 310. A series of pamphlets and circulars describing the construction and operation of "convected heat" flat work ironers and other gas-heated laundry equipment for any size institution. Kellman-Svcmore Co.

No. 277. Laundry Owners' Year Book. International Nickel Company, Inc. C30

Photography

No. 251. Elementary Clinical Photography as Applied to the Practice of Medicine and Surgery 50 pages Eastman Kodak Co., Rochester, N. Y.

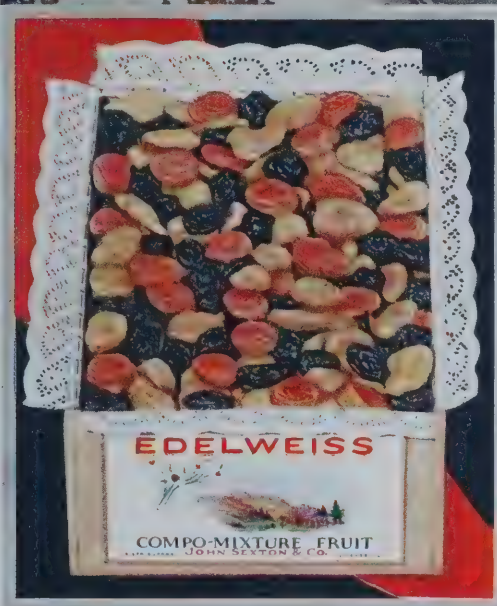
Rubber Gloves, Sheeting

No. 316. "Matex, a New and Finer Rubber Glove" An interesting circular which describes the process of making rubber gloves by the Anode process, and tells how this process differs from other methods of glove manufacture. Published by Massillon Rubber Company.

Sterilizers, Stills

No. 234. "American Sterilizers and Disinfectors." Catalog. American Sterilizer Company, Erie, Pa.

(Continued on page 94)



Preserved in Nature's Way!

MOTHER NATURE overlooked nothing when, in the Santa Clara Valley, she brought to the peak of their perfection these luscious fruits . . . and then dried them . . . borrowing their moisture to be returned later, leaving in all the vitalizing food elements. And now, you can serve them : . . plump, flavorful, delicious . . . their goodness sealed in by the sun that ripened them.

"SEXTON'S MONTHLY SPECIALS"

brings regularly to the institutional market information on prices. It is replete with unusual values, special offers, timely suggestions. If you are not regularly receiving it, write for the current copy.

Perfection in dried fruits is perhaps symbolic of the service to the institutional market in which John Sexton & Company specializes. Every Sexton product is picked, packed and shipped with the needs of institutions, hotels, restaurants in view. Thus they include the best the crop offers, packed in containers most economical for institutional use and always shipped within twenty-four hours.

Sexton February After Inventory Sale replete with outstanding Values

JOHN SEXTON & COMPANY

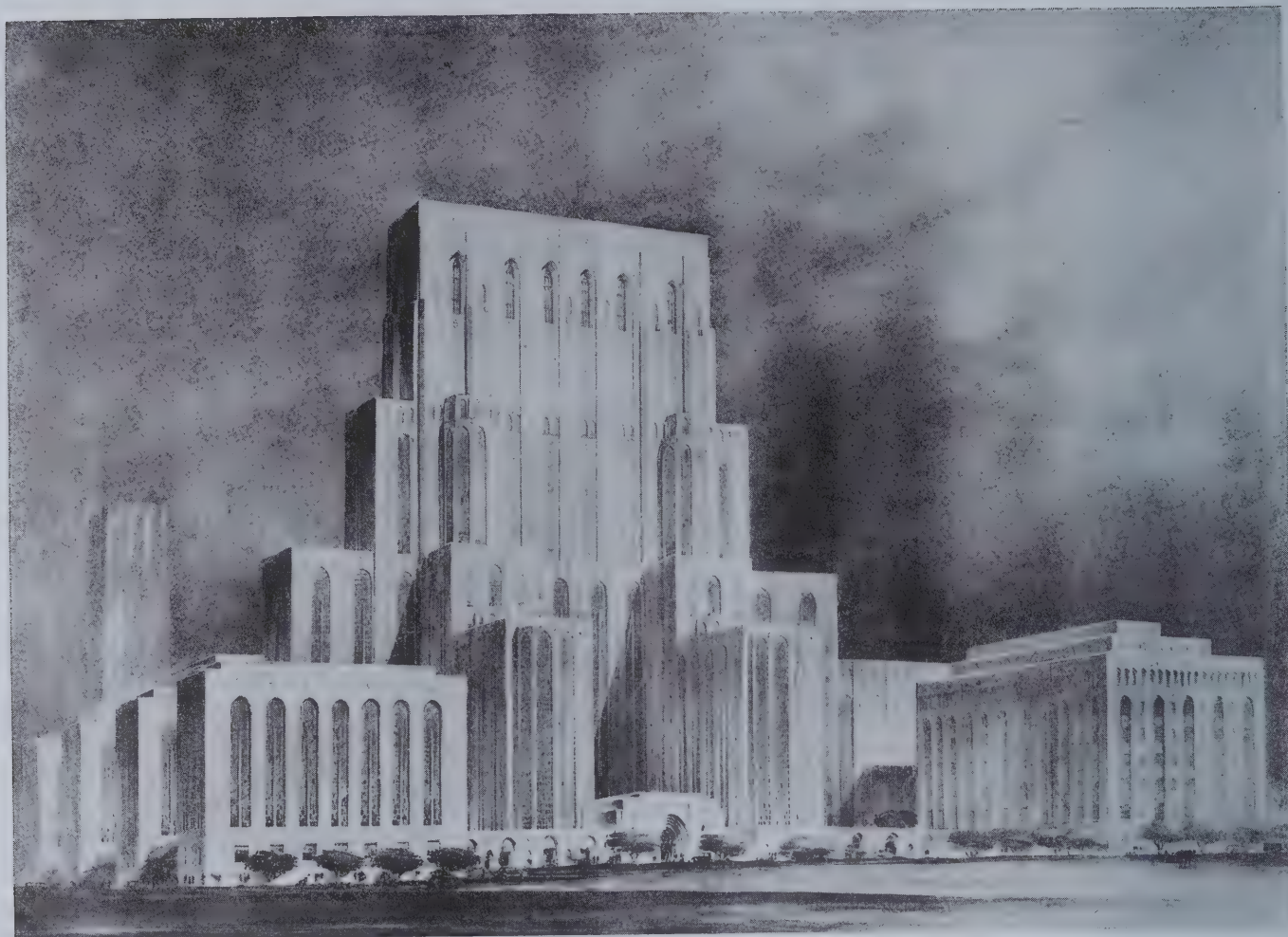
ESTABLISHED 1883

MANUFACTURING WHOLESALE GROCERS

America's Largest Distributors of No. 10 Canned Foods

CHICAGO

...IN NEW YORK



NEW YORK-CORNELL MEDICAL GROUP.....

THIS GROUP, NOW BUILDING,
WILL BE COMPLETELY EQUIPPED
WITH AMERICAN STERILIZERS..



Architect: Coolidge, Shepley, Bulfinch & Abbott
Consultant: Dr. Winford H. Smith
General Contractor: Marc Eidlitz & Son, Inc.

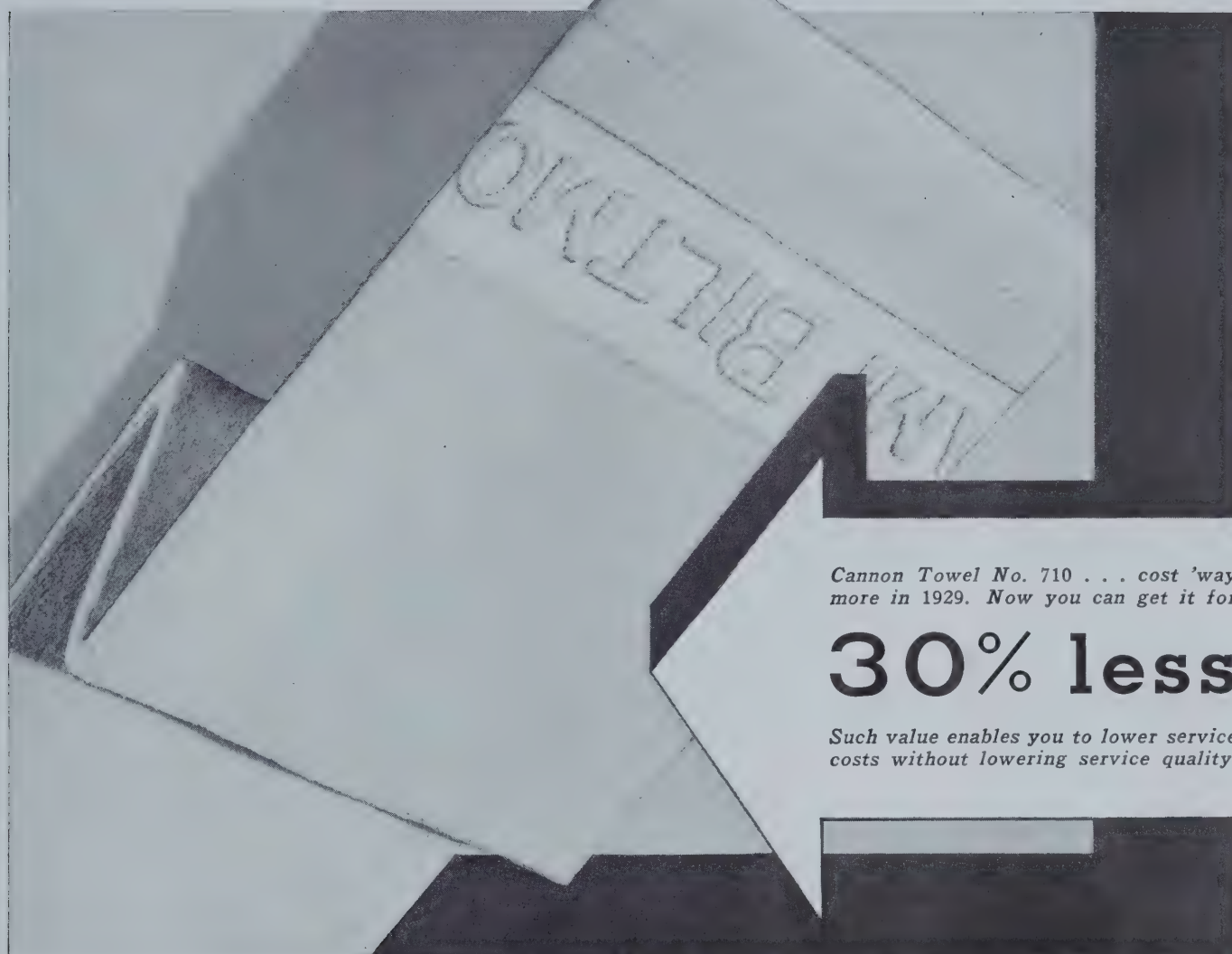
AMERICAN STERILIZER COMPANY

1204 Plum St., ERIE, PENNSYLVANIA

EASTERN SALES OFFICE: 200 Fifth Ave., New York City

CANADIAN AGENTS: Ingram & Bell, Ltd., Toronto, Montreal, Winnipeg, Calgary

HERE'S HOW



Cannon Towel No. 710 . . . cost 'way more in 1929. Now you can get it for

30% less

Such value enables you to lower service costs without lowering service quality.

LIKE to lower your operating expenses? And still keep your service at its present peak?

Then consider Cannon towels — and the fact that the price of cotton and other raw materials is lower now than it has been for thirty years! The heavyweight champion pictured here (Cannon towel No. 710) sold, in 1929, at a figure which even then spelled v-a-l-u-e.

Today you can get it for 30% less than its 1929 figure! The same towel — double-thread woven, of selected long-fiber cotton, with all the attributes that have made Cannon the world's most popular

towel. Value plus! . . . That's the story! Laboratory tests have shown the intrinsic quality of Cannon towels. Years of actual use have proved it beyond a doubt. Greater absorbency. Longer, more satisfactory wear. The ability to return from repeated launderings soft, fresh, fluffy — and *white*.

See your jobber today about the greatest towel values of all time. He will show you latest samples and give you complete information. Cannon Mills, Inc., 70 Worth Street, New York City.

Cannon towels are manufactured in accordance with Simplified Practice Recommendations No. 119-31 U. S. Dept. of Commerce Bureau of Standards.



CANNON TOWELS

Turning the
Searchlight of
Common Sense

on the Rubber Sheeting
Question

Not Price per Yard
— But Cost per Year

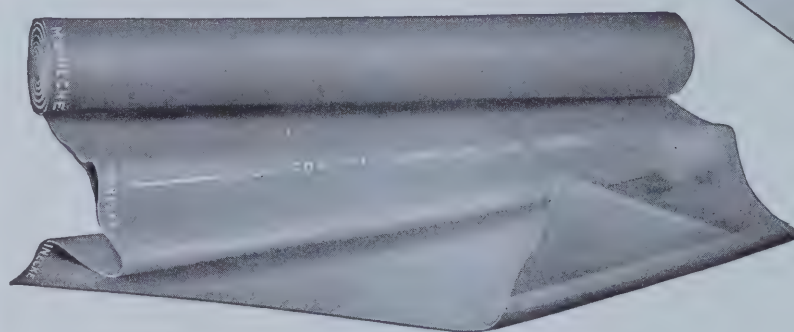


FIGURE YOUR RUBBER
SHEETING

by the years of service obtained, not by the price. On this basis "Meinecke's Best" Maroon Sheeting is the most economical you can buy.

All maroon sheetings look pretty much alike. Inspection, sight, "feel," to the average person, reveal neither the merits of "Meinecke's Best," nor the defects of inferior sheeting. Only actual *use* can do that.

"Meinecke's Best" has a reputation extending over 30 years.

FOR YOUR PROTECTION

the name MEINECKE is stamped along the selvage on every yard. If you cannot find it, the sheeting is NOT the genuine "Meinecke's Best" Maroon Sheeting.

"Meinecke's Best" is the original Maroon Sheeting—all others are imitations merely in color and not in quality.

Insist on the original by ordering direct, or through any of our salesmen.

"MEINECKE'S BEST"
Maroon
Rubber Sheeting

MEINECKE & CO. — Dependable Hospital Supplies — 225 VARICK ST., NEW YORK

HOSPITAL MANAGEMENT

A Practical Journal of Administration



What 100 Consecutive Patients Paid Hospital, Doctor and Nurse

Analysis of Unique Study at Tacoma General Hospital Reveals Many Interesting Facts; Futility of Comparing General Figures and Averages Is Indicated

By C. J. CUMMINGS and MATTHEW O. FOLEY

MOST speakers or writers on the subject of costs of illness usually represent but one of the many viewpoints that are necessary for a thorough study of the question. Usually each individual makes out a very good case for the particular service or activity he or she may represent, and, involuntarily, perhaps, but nevertheless very effectively, conveys the impression that in the other services or activities beyond the speaker's field is where those seeking facts about high costs should concentrate their efforts.

An even cursory glance at the numerous factors that make up the costs of illness in the minds of the public will indicate the difficulty confronting those who attempt a complete analysis of this subject. For instance, the husband who must hire a housekeeper or nursemaid or who must go to extra expense for a number of items about the home during the illness of his wife might be inclined to include such extra expenses as a part of the cost of this illness. He would argue that were it not for the illness, these extra costs would not have been incurred. And so when one attempts to trace the telephone and telegraph messages and the hundred and one little and big items that are "extra" to a household from the time the illness first is learned to be serious until after the convalescent housewife again is able to resume her routine and reinstate the numerous economies which only she knows how to practice, one can easily see that any attempt to enu-

This is the first of a series of articles on the relationship between charges of hospitals, doctors and special nurses in the costs of hospitalized illness. Other articles will further analyze the figures discussed, and will also deal with the findings of the Baptist Memorial Hospital, Memphis, Tenn., whose superintendent, George D. Sheats, has compiled data from a similar study of 100 consecutive admissions. Mr. Cummings is superintendent of the Tacoma General Hospital and must be given special credit for his detailed compilation of the figures upon which this first article is based.

merate all of the factors that in a broad sense might be included under the heading, "costs of illness," is well nigh impossible.

So this article makes no claim for completeness, and it is frankly stated that it is an effort to gather and study rather hurriedly and haphazardly the important factors that enter into the cost of hospitalized illness. Extra expenses in the home resulting from the illness are not included, and the study merely covers the period from the admission to the discharge of the patient. It is believed, however, that this is the first effort of its scope which has been made to show the re-

lationship of the three principal factors in the costs of hospitalized illness, the doctors' fees, the hospital's charge, and, if any, the special nurses' fees.

The inclusion of the doctors' fees in this study was made possible only through the unusually progressive and cooperative medical staff of the Tacoma General Hospital, to whose members the writers are greatly indebted. It is believed that this is the first presentation of a study of this kind in which the doctors' fees have been included with all hospital and special nurses' charges during the period of hospitalization.

The Tacoma General Hospital, a non-profit institution, with practically no income from endowment, was among several offering to provide the data desired, and it is on the basis of the material so generously provided by this hospital that this article was prepared.

Beginning the first of a recent month, the business office of the hospital was asked to take from its records all financial information pertaining to 100 consecutive patients to be admitted, who made some payment toward their hospital bill, regardless of the amount, this information to include not only all charges made in connection with any phase of hospital care, but also the fees of the attending physicians and surgeons. Patients who paid nothing toward the hospital during the study were excluded from the group of 100. To the progressive men who make up the staff all credit is due for obtaining data concerning

professional fees, and it is this information that makes this study unique.

The tabulation of the statistics of the 100 patients may be studied with profit by every one interested in the question of the costs of hospitalized illness, and for this reason they are published completely. This article will deal with the total sums paid by the 100 patients, subdividing these according to type of service for which they were paid.

During the time of this study, the hospital provided care to the amount of \$659.03 to 30 patients, who were given treatment without charge because of their financial circumstances.

The 100 patients paid a total of \$6,117.65 for hospital service of all kinds, \$7,243 for medical and surgical fees, and \$687 for special nursing. The patients received a total of 881 days of hospital treatment, at the conclusion of the study. Two patients still were in the hospital at that time, having spent 120 days in bed up to then.

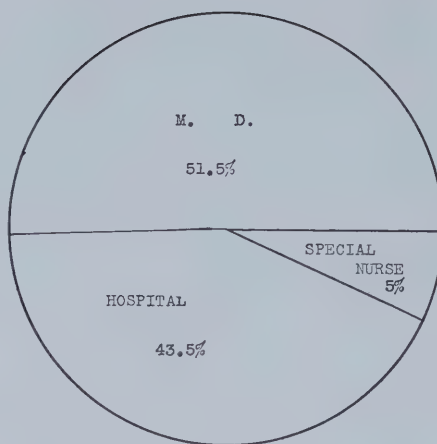
The hospital charges were subdivided as follows:

Patients' room and board..	\$3,678.00
Surgery (65)	871.50
Laboratory (74)	318.50
Drugs (79)	312.55
X-ray (11)	215.00
Gas (29)	203.50
Delivery room (17)	160.00
Special dressings (37).....	136.65
Special nurses' board (18) .	123.50
Deep therapy (1)	90.00
Sundry (5)	3.45
Linen room (2)	3.00
Physical therapy (1).....	2.00

\$6,117.65

The figures in parentheses indicate the number of patients to whom the charges for the various services were made, all of course paying for floor service (room and board).

In connection with the laboratory charges it must be pointed out that the Tacoma General Hospital has a system of laboratory charges somewhat different from that of many institutions. A flat fee of \$5 is charged all patients, except maternity, who remain in the hospital longer than 72 hours. This covers two weeks' laboratory service with the exception of basal tests and certain chemistries for which there are extra charges. There also is a charge of one dollar a week for laboratory service after the first two weeks. In maternity cases and for patients remaining in the hospital less than 72 hours the regular laboratory fee schedule applies according to the specific services rendered. All laboratory charges made to the 100 patients studied in connection with



Here is how each dollar spent for hospitalized illness was divided, on an average, by the 100 patients studied in this article. The average division of the dollar paid to the hospital is shown on the opposite page.

this article are listed under the heading "laboratory."

The hospital charges of \$6,117.65 made to the patients were divided as follows, on a percentage basis:

	Per cent.
Total charges of hospital	100
Floor charges	60
Surgery	14.3
Laboratory	5.2
Drugs	5.1
X-ray	3.5
Gas	3.3
Delivery room	2.6
Special dressings	2.2
Special nurses' board	2
Deep therapy	1.5

The average cost for all hospital services therefore was between \$6.94 and \$6.95 a day. It is obvious, however, that obstetrical patients did not pay operating room or deep therapy charges, for instance, while surgical patients did not pay delivery room fees, so the average cost per day

What other hospital superintendent would like to continue this study? Valuable information could be gained if hospitals in other sections would make a list of all charges assessed against a consecutive run of 100 patients who pay at least something toward their treatment, including physicians' fees and all charges for special nursing. Thus, a fairly complete picture of the costs of hospitalized illness might be obtained, and information learned of the ratio of expense to the patient of the three important factors, hospital, doctor and special nurse.

charge per patient per day means nothing as far as actual expenditures of any one patient was concerned.

The doctors' fees totaled \$7,243, as stated, which for the 881 days of hospital care, averaged \$8.82 per hospital day.

The graduate nursing charges of \$687.00 were made only to 17 of the 100 patients, and they paid an average of \$40.41 to these nurses during their hospital stay.

The total charges per patient for hospital service was \$61.17 and for doctors' fees \$72.43.

Summarizing the totals by general types of expense, we see that these 100 patients paid a total of \$14,047, of which approximately 51.5 per cent was for services of physicians and surgeons, 43.5 per cent for all types of hospital service, and about 5 per cent for special nursing.

The first impression one gets from a close study of these figures is that oft-repeated phrase, "Average hospital cost figures don't mean a thing in themselves," although, of course, instead of hospital costs we are considering hospital charges. Here are a few charges selected to show the curious ranges in different factors, such as physicians' fees, special charges, etc.:

One patient, with one day's stay, had a total hospital bill of \$26.55, a doctor's bill of \$50, and a special nurse's charge of \$6.50. This patient occupied a \$5.50 room, paid a \$10 operating room fee, 50 cents for nurse's board, \$2.50 for gas, \$1.15 for drugs, \$5 for laboratory, 40 cents for sundry, \$1.50 for linen room.

Another patient had a hospital bill of \$39 for one day's stay, and a doctor's bill of \$5. \$30 was for X-ray, \$5.50 for the room and \$3.50 for laboratory.

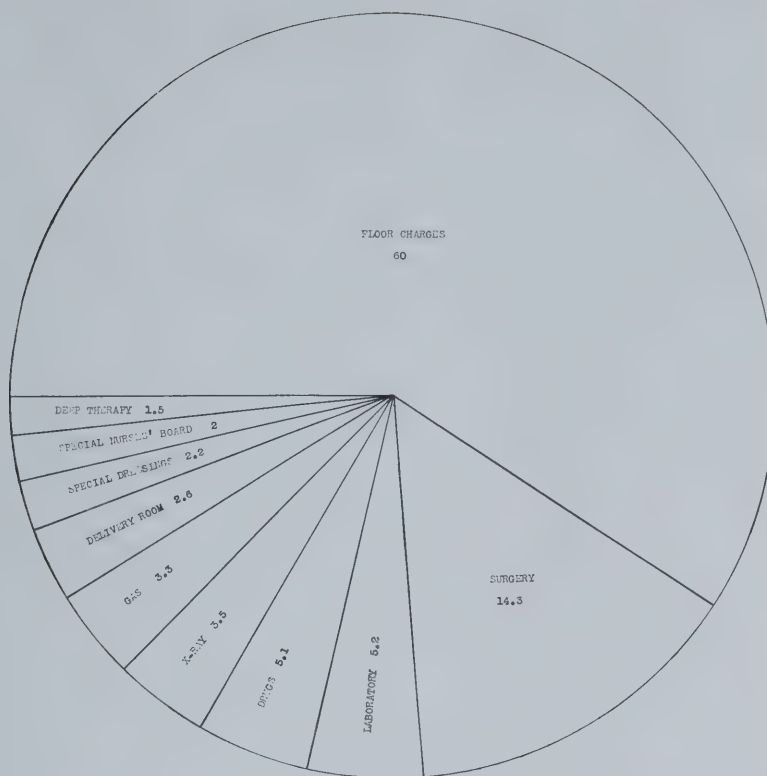
At the other end of the scale, from the standpoint of hospital charges, was the patient who had a total hospital charge of \$3.80—\$3.50 for the bed and 30 cents for drugs, and a doctor's bill of \$35.

The highest hospital charge was \$520.20 for a patient who had been in the hospital for 59 days and still was receiving treatment at the time this study was made. The physician's fee was \$150 to date, and the special nursing charge \$161.00.

Another patient, in the hospital for 61 days, and still receiving treatment as the study was made, had a hospital bill of \$267.35 to date, and a doctor's bill for \$150.

The highest doctors' bills reported were \$200, of which there were three. The hospital bills in these instances were \$108, \$111.85, \$125.20.

Omitting the two patients who spent 61 and 59 days respectively in



Room charges represented 60 cents of every dollar paid to the hospital, on an average, by the 100 patients whose hospitalized illness costs were studied in this article. Surgery (operating room fees) was the next greatest item of expense. The figures upon which this chart is based will be found in the article.

the hospital and still were undergoing treatment, the total hospital expense of the 98 remaining patients was \$5,330.10 or an average of \$54.38 per patient. The doctors' bills averaged \$70.85. The total number of patient days of these 98 patients was 761 or an average of 7.7 days' stay.

The futility of comparing hospital charges, even among patients in the same institution, unless a great deal is known of the type of illness or condition treated is indicated by this analysis of the charges made to the two long term patients mentioned previously:

	Patient A	Patient B
Days' stay	59	61
Floor service	\$333.50	\$183.00
Special nurses' board	26.50	.....
Surgery	55.00	10.00
Gas	27.50	.....
Drugs	29.30	18.60
Laboratory	19.50	5.00
X-ray .....	.....	37.50
Special dressings ..	28.90	13.25
Total hospital charge	\$520.20	\$267.35
Special nursing ...	161.00	.....
Doctors' fees	150.00	150.00
Total charges...	\$831.20	\$417.35

Thus there were two patients who spent 61 and 59 days, respectively, in the hospital, a difference of only two days, yet the cost of the hospitalized illness of one was \$831.20, and of the other \$417.35, a difference of \$413.85. And the patient who stayed 61 days had bills little more than half as large as the patient who had remained two days less. The explanation, of course, lies in the condition of one patient which necessitated extraordinary use of the surgery and a long period of special nursing, which even a charge of \$37.50 for X-ray to the other patient could not materially offset. In this instance the 61-day stay patient had an average hospital charge per day of \$4.38 while the patient who remained 59 days was charged on an average of \$8.98 per day, in addition to his special nurse's fees. Here is another graphic example of the oft-repeated statement concerning the failure of

Detailed figures of hospital, doctor and nurse charges on which the accompanying article was based will be found on the next two pages.

the burden of illness to fall evenly on all.

The following is an analysis of the charges made to 17 maternity patients who were among the 100 studied:

None of these patients had a special nurse. The doctor in every instance charged \$50.

The highest hospital bill was \$108.75, to a patient who remained 14 days. One other patient, remaining 13 days, received a hospital bill of \$103, and two others remaining the same period, bills of \$98.75 and \$92.00, while another patient with a 14-day stay was charged \$99.35. Itemized bills for these and all the other maternity patients among the group of 100 will be found in the complete tabulation of charges elsewhere in this article, the maternity patients, of course, being distinguished by the fact that there is a charge against each for the use of the delivery room.

The following are average charges made against the 17 maternity patients, except for gas which was administered only to 14 and laboratory, for which 13 patients were charged. In these instances the figures represent only the average charge to those who required these services, and the other figures are average for all 17 patients:

- Average doctors' bill, \$50.00.
- Average hospital stay, 11 days.
- Average hospital bill, \$69.02.
- Average floor charge, \$45.88.
- Average gas charge (14), \$4.65.
- Average delivery room charge, \$9.41.
- Average drug charge, \$2.67.
- Average laboratory charge (13), \$1.58.

One patient was charged \$2 for physical therapy and another \$15.00 for X-ray, which charges are not included in the averages.

The accompanying figures in the complete tabulation are worth close attention of every progressive superintendent and executive, for they are, it is believed, the very first presentation of these factors in the costs of hospitalized illness, shown in detail.

HOSPITAL MANAGEMENT cordially invites other hospitals to present similar figures for other articles.

CONGRATULATIONS!

A son, born on January 6 (in Ravenswood Hospital, Chicago, of course) adds further to the responsibilities of J. Dewey Lutes, president of the Hospital Association of Illinois. Young Mr. Lutes already has been offered as the first junior member of the Chicago Hospital Association in which his father was an active reorganizer and long time president. The senior Mr. Lutes is superintendent of Ravenswood Hospital.

Hospital, Doctor and Special

Here is tabulation of charges of physician, detailed items of hospital expense, and fees of special nurses, when required, made to 100 consecutive patients of Tacoma General Hospital who paid hospital something for their treatment. Analysis of these figures will be found on preceding pages

Doctors' Fees	Days	Accounts Receivable	Floors	Special Nurses' Board	Surgery	Gas	Delivery Fee	Drugs	X-ray	Laboratory	Special Dressings	Special Nurses
¹ \$150.00	59	\$520.20	\$333.50	(27 n. 3 d. \$26.50	\$55.00	\$27.50	\$.....	\$29.30	\$.....	\$19.50	\$28.90	\$161.00
35.00	1	8.00	3.00	.....	5.00	.....	.....	.....	.....	.....	.....	.....
5.00	1	39.00	5.50	.....	.....	.....	.....	.....	30.00	3.50	.....	.....
⁵ 12.00	4	58.75	16.00	.....	.....	.....	.....	.....	37.50	5.00	.....	.....
150.00	26	185.05	113.00	(4 n. 4 d. 10.00	20.00	15.00	.....	16.00	.....	7.00	4.05	50.00
50.00	13	92.10	77.00	.....	.....	2.50	10.00	.60	.....	2.00	.....	.....
50.00	8	45.50	28.00	.....	2.50	5.00	10.00	.....	.....	.....	.....	.....
35.00	1	9.50	4.50	.....	5.00	.....	.....	.....	.....	.....	.....	.....
35.00	1	9.50	4.50	.....	5.00	.....	.....	.....	.....	.....	.....	.....
12.00	3	18.40	16.50	.....	.....	.....	.....	.90	.....	1.00	.....	.....
3.00	1	19.65	3.50	.....	12.50	2.50	.....	.15	.....	1.00	.....	.....
35.00	11	67.65	44.00	.....	.....	.....	.....	3.65	10.00	10.00	.....	.....
20.00	6	28.05	18.00	.....	.....	.....	.....	2.55	.....	7.50	.....	.....
150.00	14	146.55	91.00	(4 d. 3 n. 9.00	20.00	12.50	.....	3.55	.....	5.00	5.50	43.50
50.00	13	103.00	84.50	.....	.....	7.50	10.00	.....	.....	1.00	.....	.....
200.00	14	111.85	77.00	(4 n. 4.00	20.00	.....	.....	3.25	.....	5.00	2.60	26.00
150.00	10	56.45	30.00	.....	20.00	.....	.....	.45	.....	5.00	1.00	.....
50.00	6	55.95	28.50	.....	12.50	7.50	.....	2.45	.....	5.00	.....	.....
150.00	15	78.80	45.00	.....	20.00	.....	.....	5.90	.....	5.00	2.90	.....
75.00	3	22.85	12.00	.....	8.50	.....	.....	.25	.....	2.00	.10	.....
⁶ 150.00	16	187.05	56.00	(3 d. 1 n. 5.50	20.00	.....	.....	5.30	.....	5.00	5.25	30.50
50.00	10	61.80	45.00	.....	.....	2.50	10.00	4.30	.....	.....	.....	.....
50.00	11	51.35	38.50	.....	.....	.....	10.00	1.85	.....	1.00	.....	.....
50.00	2	17.50	8.00	.....	8.50	.....	.....	.....	.....	1.00	.....	.....
35.00	1	8.00	3.00	.....	5.00	.....	.....	.....	.....	.....	.....	.....
25.00	1	11.50	5.50	.....	5.00	.....	.....	.....	.....	1.00	.....	.....
⁷ 51.00	17	97.45	68.00	.....	.....	.....	.....	4.85	.....	5.00	18.10	.....
50.00	10	57.00	45.00	.....	.....	.....	10.00	1.00	.....	1.00	.....	.....
12.00	4	21.25	13.00	.....	.....	.....	.....	3.25	.....	5.00	.....	.....
200.00	16	125.20	88.00	(5 n. 5.00	20.00	.....	.....	5.10	.....	5.00	2.10	32.50
50.00	13	98.75	84.00	.....	.....	2.50	10.00	1.25	.....	1.00	.....	.....
75.00	9	48.45	27.00	.....	12.50	.....	.....	2.75	.....	5.00	1.20	.....
150.00	10	67.50	40.00	.....	20.00	.....	.....	1.25	.....	5.00	1.25	.....
50.00	3	30.30	16.50	.....	8.50	.....	.....	.30	.....	5.00	.....	.....
35.00	1	12.75	4.00	.....	7.50	.....	.....	.25	.....	1.00	.....	.....
35.00	1	6.50	1.50	.....	5.00	.....	.....	.....	.....	.....	.....	.....
150.00	9	59.00	27.00	.....	20.00	3.50	.....	2.50	.....	5.00	1.00	.....
42.00	14	85.20	44.50	.....	5.00	.....	.....	4.70	25.00	6.00	.....	.....
50.00	14	99.35	63.00	.....	.....	5.00	10.00	17.85	.....	3.50	.....	.....
25.00	7	60.95	38.50	.....	.....	.....	.....	17.45	.....	5.00	.....	.....
100.00	20	109.20	60.00	.....	.....	.....	.....	43.20	.....	6.00	.....	.....
50.00	14	108.75	90.50	.....	.....	5.00	10.00	.25	.....	3.00	.....	.....

Nurse Charges of 100 Patients

Doctors' Fees	Days	Accounts Receivable	Floors	Special Nurses' Board	Surgery	Gas	Delivery Fee	Drugs	X-ray	Laboratory	Special Dressings	Special Nurses
50.00	7	41.00	27.50	.....	.....	2.50	10.00	1.00	.....	.....	.....	.....
35.00	2	11.00	6.00	.....	5.00	.....	.....	.....	.....	.....	.....	.....
35.00	1	9.15	4.00	.....	5.00	.....	.....	.15	.....	.....	.....	.....
.....	1	3.50	3.50	.....	.....	.....	.....	.....	.....	.....	.....	.....
² 50.00	11	60.00	38.50	.....	2.50	5.00	10.00	1.00	.....	1.00	.....	.....
12.00	4	19.15	12.00	.....	.....	.....	.....	2.15	.....	5.00	.....	.....
12.00	3	18.00	12.00	.....	.....	.....	.....	1.00	.....	5.00	.....	.....
150.00	13	78.75	45.50	.....	20.00	.....	.....	4.00	.....	5.00	4.25	.....
150.00	16	133.45	88.00	(1 n. 1.00	20.00	12.50	.....	2.55	.....	5.00	4.40	6.50
150.00	11	79.85	44.00	.....	20.00	7.50	.....	2.20	.....	5.00	1.15	.....
50.00	10	81.05	30.00	.....	20.00	2.50	5.00	3.55	15.00	5.00	.....	.....
35.00	1	8.00	3.00	.....	5.00	.....	.....	.....	.....	.....	.....	.....
25.00	3	42.95	21.00	.....	12.50	7.50	.....	.35	.....	1.00	.60	.....
50.00	3	27.50	10.50	.....	12.50	2.50	.....	.25	.....	1.00	.75	.....
³ 175.00	19	108.20	59.00	.....	15.00	.....	.....	3.20	20.00	6.00	4.10	.....
175.00	16	86.70	50.50	.....	20.00	5.00	.....	3.95	.....	.....	2.25	.....
50.00	2	22.60	7.00	.....	12.50	2.50	.....	.15	.....	5.00	.45	.....
36.00	8	50.50	24.00	.....	5.00	.....	.....	6.50	10.00	5.00	.....	.....
100.00	20	116.10	70.00	(5 n. 5.00	20.00	.....	.....	8.05	.....	11.00	2.05	32.50
125.00	17	76.85	51.00	.....	20.00	.....	.....	3.40	.....	1.00	1.45	.....
150.00	14	85.95	56.00	.....	20.00	.....	.....	2.95	.....	5.00	2.00	.....
.....	.....	.....	.....	(7 d. 11.50	20.00	.....	.....	5.90	.....	5.00	2.70	54.50
150.00	11	96.60	51.50	(1 n. 17.50	20.00	15.00	.....	1.85	.....	5.00	1.40	86.00
.....	.....	.....	.....	(9 d. 2.50	.....	.....	.....	2.75	10.00	5.00	.....	12.50
150.00	10	125.75	65.00	(4 n. 10.00	.....	.....	.....	18.60	37.50	5.00	13.25	.....
¹ 150.00	4	42.25	22.00	.....	.....	2.50	10.00	.....	.....	1.00	.....	.....
50.00	61	267.35	183.00	.....	.....	.....	.....	.....	.....	.....	.....	.....
50.00	10	48.00	34.50	.....	.....	2.50	10.00	.....	.....	1.00	.....	.....
50.00	11	71.75	49.50	.....	.....	7.50	10.00	3.75	.....	1.00	.....	.....
30.00	3	22.75	12.00	.....	7.50	.....	.....	.65	.....	1.00	1.60	.....
35.00	1	8.00	3.00	.....	5.00	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	(1 d. 2.50	12.50	.....	.....	.25	.....	.....	.....	12.50
20.00	1	20.75	5.50	(1 n. 20.00	.....	.....	.....	6.45	.....	8.50	7.05	.....
200.00	22	108.00	66.00	.....	.....	.....	.....	.70	.....	5.00	.....	.....
15.00	3	22.20	16.50	.....	.....	.....	.....	.75	.....	5.00	1.10	6.50
³ 150.00	8	45.25	28.00	(1 n. 11.00	20.00	.....	.....	5.20	.....	5.00	4.50	62.50
.....	.....	.....	.....	(5 n. 3.00	20.00	15.00	.....	3.10	.....	5.00	2.50	19.50
150.00	17	139.20	93.50	(4 d. 10.00	.....	.....	.....	5.20	.....	5.00	4.50	62.50
150.00	13	120.10	71.50	(3 n. 5.00	20.00	15.00	.....	3.10	.....	5.00	2.50	19.50
⁴ 50.00	1	26.55	5.50	(1/2 n. 10.00	.....	2.50	.....	1.15	.....	5.00	.....	6.50
150.00	13	77.05	51.00	.....	15.00	.....	.....	4.40	.....	5.00	1.65	.....
150.00	11	69.15	38.50	.....	20.00	.....	.....	3.45	.....	5.00	2.20	.....
150.00	6	27.70	21.00	.....	.....	.....	.....	1.50	.....	5.00	.20	.....
35.00	1	8.00	3.00	.....	5.00	.....	.....	.....	.....	.....	.....	.....
35.00	1	11.25	5.50	.....	5.00	.....	.....	.75	.....	.....	.....	.....
35.00	1	8.00	3.00	.....	5.00	.....	.....	.....	.....	.....	.....	.....
50.00	10	62.35	40.00	.....	2.50	7.50	10.00	1.35	.....	1.00	.....	.....
5.00	1	14.00	5.50	.....	.....	.....	.....	.50	.....	8.00	.....	.....
35.00	1	3.80	3.50	.....	.....	.....	.....	.30	.....	.....	.....	.....
5.00	1	8.35	5.50	.....	.....	.....	.....	2.85	.....	.....	.....	.....
150.00	12	65.00	36.00	.....	20.00	.....	.....	3.00	.....	5.00	1.00	.....
50.00	1	18.10	5.50	.....	12.50	.....	.....	.....	.....	.....	.10	.....
15.00	5	25.40	15.00	.....	.....	.....	.....	5.40	.....	5.00	.....	.....
50.00	10	54.50	35.00	.....	.....	7.50	10.00	1.00	.....	1.00	.....	.....
5.00	1	15.60	5.50	.....	.....	.....	.....	.10	10.00	.....	.....	.....
50.00	10	36.40	29.50	.....	.....	.....	5.00	.90	.....	1.00	.....	.....
⁸ 30.00	10	66.10	55.00	3.50	.....	.....	.....	1.60	.....	5.00	.....	25.00
75.00	2	24.65	11.00	.....	12.50	.....	.....	.15	.....	1.00	.....	.....
35.00	1	8.00	3.00	.....	5.00	.....	.....	.....	.....	.....	.....	.....
35.00	1	8.00	3.00	.....	5.00	.....	.....	.....	.....	.....	.....	.....
6.00	5	15.40	15.00	.....	.....	.....	.....	.40	.....	.....	.....	.....
75.00	3	64.50	16.50	4.50	32.50	.....	.....	1.00	10.00	.....	.....	25.50

¹Patient still in hospital. ²Physical therapy charge, \$2. ³Sundry, 90 cents. ⁴Sundry, 40 cents; linen room, \$1.50. ⁵Sundry, 25 cents. ⁶Deep therapy, \$90. ⁷Linen room, 1.50. ⁸Sundry, \$1.



"Through swaying pines and tall white birch it is approached from the main highway by a wide curved driveway which terminates at the center of the building."

Many Unique Features Mark Lodge of N. V. A. Members

Unusual Comfort and Spaciousness Combined
With Modern Treatment Facilities in Tuberculosis Sanatorium of National Variety Artists

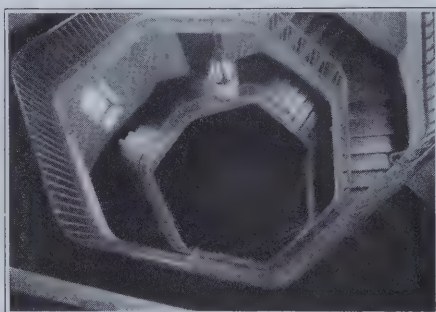
By GEORGE L. STIVERS, M. D.

SARANAC LAKE has been the leading tuberculosis resort for the past forty-five years, originating with the entrance of Dr. E. L. Trudeau as patient and physician, who during his lifetime developed the Trudeau Sanatorium, also located at Saranac Lake.

The National Variety Artists' Lodge was conceived and brought to completion under the direction of E. F. Albee who, in the planning, instituted many original and beautiful ideas. It is with pride that the fraternity of variety artists look upon this monument as an epitaph to the memory of E. F. Albee.

Located about a mile from the beautiful village of Saranac Lake, traveling south on the road to Lake Placid, in the very heart of the Adirondacks, is a knoll known as "Spion Kop." This elevation is covered with white birch and pine trees and it was here that the most beautiful building of its type in the country was erected, the N. V. A. Lodge.

It is a modern institution of 100 beds devoted to the diagnosis and treatment of tuberculosis. Because of the chronicity of the disease, the san-



Looking down the magnificent stairway that winds around inside the tower of N. V. A. Sanatorium.

atorium is more adequate for the care and treatment of tuberculosis and the study of clinical material than the nursing cottage.

In detail, it resembles a magnificent castle of French design, and has no outward suggestion to indicate that it is a tuberculosis sanatorium.

The beauty of the N. V. A. Lodge is beyond comparison with any other sanatorium building in the country. Through swaying pines and tall white birch it is approached from the main highway by a wide curved driveway which terminates at the center of the building. The building is about 350 feet in length, four stories high with towers and embattlements suggestive of medieval times.

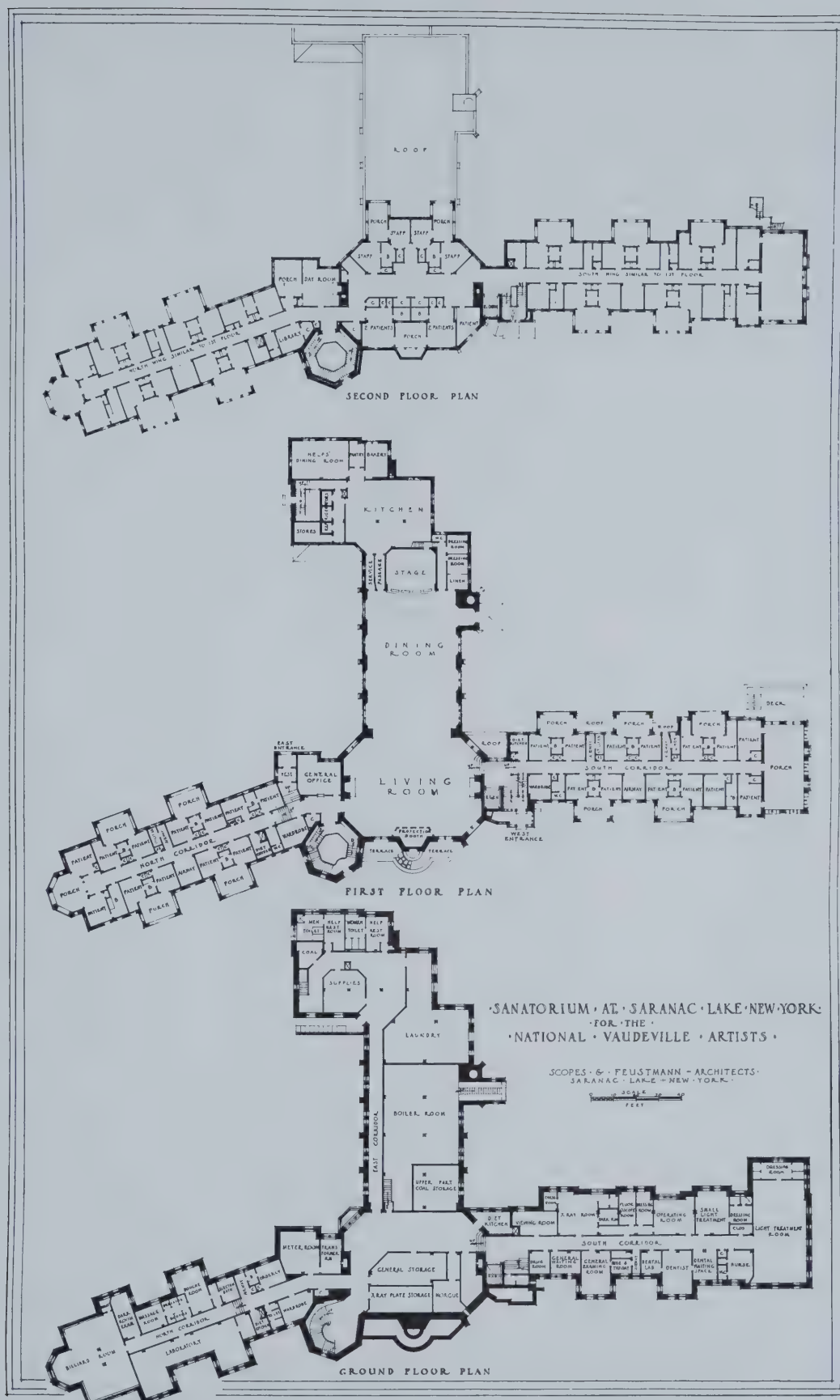
One can see in the pictures the length of the attractive structure with its rectangular tower in the center containing the spiral staircase which is portrayed by the picture much better than words can describe it.

In the center of the building, the rotunda-shaped portion towers somewhat above the sides or wings of the castle and connecting with this in the rear, there extends a one-story structure, 195 feet long, which contains the dining room, theatre, stage, kitchen, boiler room, laundry, and store rooms.

As you enter the main building, the spiral stairway at your right attracts immediate attention. Its circular construction in a thirty foot tower extending the full height of the building with unique windows, heavy oak panelled doors and lighted in the center by a large antique lamp, makes you feel that you really are in some castle of the past.

The administration offices are located on the second floor and a broad hallway leads to a large and luxurious lounge. This is a room, 60 by 100 feet, without posts of any kind and with two large rustic stone fireplaces built of quarried granite, that add cheer and warmth on a cold winter night. The floor is covered by a most magnificent rug and the draperies and

The author was medical director of the institution described from the time of its opening until a short time ago when he became medical director of the Putnam Pavilion of the Belmont Hospital, Worcester, Mass.



Note the huge dining room and living room of the N. V. A. Sanatorium building, in the floor plans shown above. The rectangular tower with winding stairway is a dominant feature of the building. Characteristics of this unique hospital are described in the accompanying article.



These photographs give the reader an idea of the unusual size of the dining room and of the living room of the N. V. A. Sanatorium. A large well equipped stage is at one end of the dining room.

furnishings are reminders of the genius of skilled artists.

The dining hall and stage are separated from the lounge by large folding doors covered with red plush. These doors can be drawn aside to provide a large auditorium for entertainment and moving pictures.

At the far end of the dining room is a modern, well equipped stage with dressing rooms and all the necessary equipment. At the front of the main lounge is a built-in projection booth devoted to the operation of a moving picture machine and the latest Broadway and Hollywood favorites can be shown to their less fortunate brothers and sisters.

Behind the stage and dining room, and far removed from the guests' rooms, is the kitchen which contains the latest designs in kitchen equipment.

The first floor in both wings is occupied by the medical department. In the north wing to the front, is the pathological laboratory which is exceptionally large and was especially designed and planned for comprehensive research development. At the end of the corridor is a large billiard and pool room accommodating two playing tables with no obstructing columns.

On the other side of the corridor is the hydrotherapy room. Across the wide corridor into the south wing of the first floor are located two rooms devoted to the diagnosis and treatment of tubercular throat and ear involvements.

Next is the general examining room with secretary's room adjoining where histories are taken and records filed. Filing cabinets contain X-ray films so that ready reference and comparisons can be made with histories. Directly across from the general examining room are the X-ray, fluoroscopic and viewing rooms.

Also under the control of the medical administration department are the dental clinic and dental laboratory, operating room and adjoining anesthesia room, carbon arc room, secretary's and nurses' rooms. The medical department classifies the clinical material and a minute study of each individual case is made possible by the close contact of physician and patient.

The N. V. A. Lodge affords opportunity for the study of tuberculosis in all its phases. The incipient and chronic and suspected tubercular conditions are studied and treated medically and surgically as individual cases.

The rooms for patients are all of the same design. There are two rooms to each porch and a complete bath furnished with every convenience that might be found in such a room in a modern hotel. The rooms are practically all the same size, about ten by fourteen feet, and furnishings and draperies harmonize with the color scheme of each individual room.

The doors are extra wide. Each room has an outside window with a beautiful outlook and is equipped with electric connections for the patient's comfort—bed lights, bells, heating pads, phone, and radio. Each room has a roomy closet, bed mounted on large casters so as to be easily wheeled on the porch. The walls are insulated with cork. Each porch is glass enclosed.

There is a diet kitchen and nurses' room on each floor. All food is conveyed from the kitchen in the far rear through a long corridor to a dumb waiter and is delivered in hot containers directly to the wards and is then distributed on trays to the various rooms.

In addition to the equipment mentioned, there are other features incorporated in the building such as an extra large passenger elevator, spa-

cious corridors, two large "cure" porches with many reclining chairs, library with current newspapers, and a lamp treatment room equipped with ultra violet ray lamps for cases of intestinal tuberculosis.

At the end of the south wing of the top floor is the quartz room or true sun room. This solarium is probably the largest of its kind in the world and is composed of 1,200 panes of fused quartz fitted into a metal framework.

The temperature of the solarium is regulated by means of an electric blower and fresh air can be introduced from the outside at all times, producing a given temperature in the solarium.

And what a view! A description can not do it justice. The majestically towering pine covered snow capped mountains of the Adirondack range can be seen from every part of the building. The winding macadam highway and the steel ribbons of the railroad extend for miles, north and south, connecting links with the outside world.

And the only passport that an N. V. A. member needs to enter this wonderful institution is the physician's certificate that the member needs care and treatment for tuberculosis. Members of this organization in good standing become guests at their own home where care and comfort is extended to them until they regain their good health.

NEWSPAPER PRAISE

The "Free Press" editorially commended the ability of the board and administration of Woman's Hospital, Detroit, referring to the fine record the institution made in 1930 and 1931 when Community Chest contributions dwindled and numerous difficulties were faced. Mrs. Frederick H. Holt has begun her twenty-fifth year as president of the institution, of which Miss E. Charlotte Waddell is superintendent.

Salesmen I Have Known

By W. S. McNARY
University of Colorado Hospitals, Denver

1. "DON'T YOU KNOW"

A man came in to see me some months ago to try to sell us a staple item of food. He made in all, about four calls and left after him only one major impression. On the occasion of his last visit he said, "Don't you know?" or "You know," thirty-one times in twenty minutes, by actual count. He had a good product, I believe, but I could not bear to think of his "Don't you knowing" me regularly once a week. He said it so often that I counted the times instead of paying attention to his sales talk. If I had known as much as he took for granted, I should not have let him in in the first place.

2. "I BUY FROM HIM"

One little fellow comes in regularly about every thirty days. I have heard some people say that they cannot bear him. I like him because he is polite and friendly and unless I detain him is invariably gone in five minutes or less. I buy from him, too, whenever I can. He knows his product and the value of time.

3. A SOUR COMPANION

Another steady caller whom I liked at first is beginning to wear my nerves a little thin. He laughs uproariously at any chance remark of mine which even hints at being humorous. He must be laughed out by nightfall. I will wager his wife finds him a sour companion.

4. HE GETS MORE BUSINESS

A hearty bluff salesman for a national supply house is getting more and more of my business in his line, partially because he does not continually harp on one important article which we formerly purchased from his house and discontinued using a couple of years ago. He gives smiling service and the best possible price on other items and is doing much more business with our institution than ever before.

5. UNDERMINING FAITH

Another man representing a large national house which has gotten a great deal of business from us for a long time, is rapidly undermining my faith not only in him, but in his firm as well. He takes the attitude that no one else and no other firm can render the service or sell as good merchandise. He knocks competitors and I heard on good authority, he has

"These salesmen and many others come to my desk. Some I like, but cannot patronize for one reason or another; some I buy from, though I could never admire them personally. They represent many different types of men, each with human virtues and human frailties. I learn much from some and nothing from others, and, like most other men in positions similar to mine, I often wonder what they think of me. Probably it is best that we can only wonder."

stooped to an attempt to injure the credit of one especially active competing salesman. In addition he has several times laid himself open to the suspicion of using unfair tactics in competition for orders. I venture to predict that he will cost his company thousands of dollars in sales and good will in the next few years if his eyes or theirs are not opened.

6. IMPOSSIBLE

One young fellow, a university graduate, representing a large firm, will probably never be a successful salesman because his hands are always dirty and his nails in mourning. This can be forgiven in certain types of men, but not in others.

7. GOOD SERVICE

I like to buy from Smith and Company. When I leave a telephone call for Mr. Smith, he never fails to get in touch with me as soon as possible, neither does he seem to think that he should get all the orders in his line. He does, however, give as good service as if he did get all the orders.

8. ONLY ONCE

One man I shall never forget and I saw him only once. He came in to sell a product manufactured by one of the country's largest and best known corporations. The product is well and favorably regarded throughout the nation. With all this in his favor one of his first remarks was a direct criticism of two skilled hospital

workmen whose labors had attracted his attention near the entrance to the hospital. Even though his point was well taken, which fact I cannot concede, his speech was probably the most ill-advised I have ever heard.

9. SNIFFERS, PUSHERS, ETC.

There is the salesman who sniffs continually like the blood hound on the trail; the one who pushes right into the office without waiting to be announced even though he has never seen you before; the one who cannot understand why you will not buy his product when so and so, and so and so, and so and so will have no other; the one who thinks you should pay ten per cent more to buy from him because his product is made at home; and the one who thinks because he knew you at school you should consider neither the price nor the quality of his merchandise.

REVISES RATES

Davis Hospital, Pine Bluff, Ark., now in charge of T. J. McGinty, recently carried out important reorganization activity under the direction of Dr. B. A. Wilkes, veteran hospital superintendent. Recently the hospital announced a rate schedule including the following:

Private rooms, \$4, \$5.

Two-bed rooms, \$3.

Ward beds, \$2.50.

Tonsillectomy, 24 hours' service: private room, \$10; ward, \$7.50.

Obstetrical service: seven days, private room, \$45; two-bed room, \$35; ward, \$30.

Operating room, \$10, major operation; \$5, minor operation.

Courtesy discounts are limited to doctors, graduate nurses and ministers in actual service.

INDIANAPOLIS COUNCIL

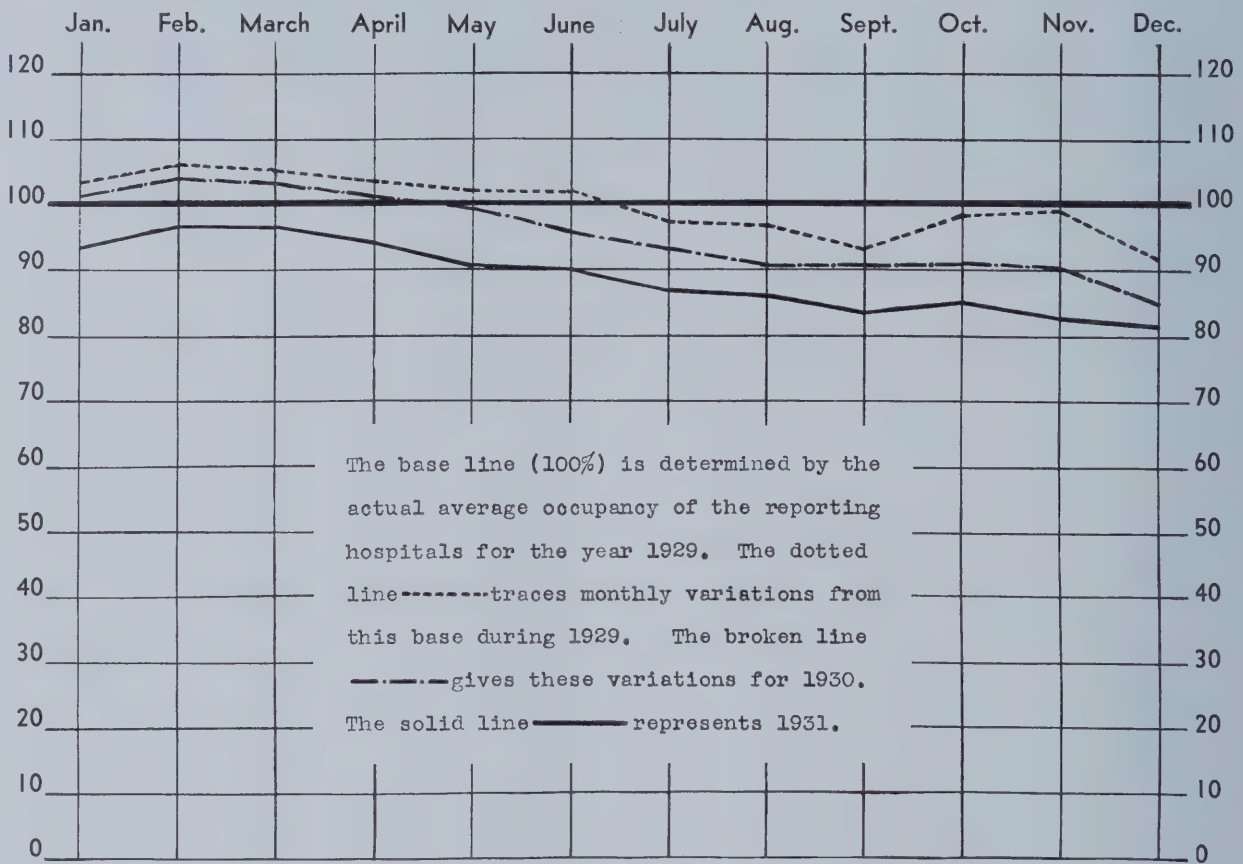
Representatives of three hospitals of Indianapolis recently discussed the advisability of holding regular meetings and as a result it was definitely decided to hold regular meetings not less than six times yearly to discuss various problems. The name "Indianapolis Hospital Council" was adopted. Those present were: Dr. C. T. Myers, E. A. Wolfe and Dr. Leon G. Zerfas, Indianapolis City Hospital; Dr. E. T. Thompson, Edward Rowlands and D. M. Pittman, Indiana University Hospitals; Clarence Hess and Mrs. Ada Frost, Methodist Episcopal Hospital; Dr. A. F. Weyerbacher, St. Vincent's Hospital; and Dr. Charles F. Bayer and John H. Ale, U. S. Veterans' Hospital. Dr. Thompson was elected chairman.

CATHOLIC CONVENTION

The annual convention of the Catholic Hospital Association will be held at Villa Nova, Pa., June 21-24.

HOW'S BUSINESS?

A composite picture of the percentage of occupancy in 91 general hospitals located in 87 communities in 35 states, corrected for normal growth.



If You Call 1929 Volume Normal, Then Occupancy Is Above 80%

HOSPITAL executives will rub their eyes when they see the "How's Business?" chart this month, for it shows that 91 non-government hospitals in 35 states, that is, hospitals conducted by community organizations, are well above 80 per cent in occupancy compared with the occupancy of these same institutions reported to HOSPITAL MANAGEMENT for the year 1929.

A new method of showing occupancy has been devised, following various suggestions and requests, which, in the main pointed out that 100 per cent occupancy ought not be considered as the standard for the simple reason that a hospital with every bed

occupied was laboring under abnormal conditions. Many experienced hospital superintendents consider 70 per cent occupancy ideal, so asked a number of readers over a varying period, why base the "How's Business?" chart on an imaginary condition (100 per cent), which is admittedly impossible from a practical standpoint?

On a 100 per cent standard, a 70 per cent occupancy would appear to the uninitiated as a 30 per cent deficiency, whereas, as stated, many hospital superintendents believe that 70 per cent occupancy gives them just the proper amount of reserve accommodations to function smoothly and to take care of emergencies.

Admitting that hospitals can not be rated on the same basis as an industrial plant or a machine, HOSPITAL MANAGEMENT this month presents a new basis for comparison of current occupancy. The year 1929, the first full year for which "How's Business?" figures are available, and also a year of peak demands for hospital service, has been taken as the standard. The hospitals cooperating in this statistical service reported 70 per cent (69.8) as the average for that year. Even allowing for the fact that demands for hospital service were unusually heavy in that year, it will be seen that Dec., 1931, the last month for which information has been compiled, shows

a variation from the 1929 occupancy of less than 20 per cent. This, of course, is only another way of saying that actual occupancy, considering the total number of beds, is somewhere around 60 per cent.

But hospital occupancy is away ahead of volume compared with many industrial and commercial activities. Why not show this in an effective way? was asked, and the new chart is the result.

HOSPITAL MANAGEMENT has received many comments and inquiries concerning "How's Business?" in the two years this exclusive statistical information concerning hospital occupancy, receipts and expenditures has been offered the field. It is evident that for more than a year this tabulation has been studied more closely than ever by hospital boards as well as superintendents. On the several occasions when the charts were omitted, various inquiries indicated the extent of interest the statistics had developed.

The first "How's Business?" figures were based on conditions as of November, 1928. The method of compiling the information was worked out by S. R. Bernstein and care was used in selecting hospitals which were more or less typical institutions, located at strategic points. Allowances had to be made for expansion, but this factor was considered as a reflector of expanding facilities throughout the field.

HOSPITAL MANAGEMENT cordially invites comments concerning the new method of presenting the occupancy picture. It is to be noted that the same information which appeared in earlier issues is continued. The only difference is that the occupancy chart is based on the use of the 1929 average occupancy as the standard of comparison. As the text on the chart explains, the dotted line represents monthly variations from this average for 1929, the broken line variations for 1930, and the solid line, the monthly changes in 1931.

May, 1930.....	2,102,407.49
June, 1930.....	2,027,258.00
July, 1930.....	2,038,042.00
August, 1930.....	1,985,045.00
September, 1930.....	2,079,154.00
October, 1930.....	2,033,163.00
November, 1930.....	2,003,297.00
December, 1930.....	2,031,148.00
January, 1931.....	2,058,681.00
February, 1931.....	1,963,391.00
March, 1931.....	2,026,363.00
April, 1931.....	1,976,430.00
May, 1931.....	1,967,866.00
June, 1931.....	1,932,832.00
July, 1931.....	1,925,156.00
August, 1931.....	1,870,985.00
September, 1931.....	1,890,891.00
October, 1931.....	1,885,424.00
November, 1931.....	1,829,539.00
December, 1931.....	1,889,887.00

The figures are supplied by 91 hospitals, with a basic bed capacity of 16,922.

NON-RESIDENT PATIENTS

An interesting paper at the last meeting of the Colorado Hospital Association was that of Dr. H. Schwatt, superintendent, Sanatorium of the Jewish Consumptive Relief Society, Denver, on the community's problem of non-resident discharged patients. Of 1,102 discharges since 1925, the speaker said, not more than 6 per cent remained in Denver, most of them self-supporting. The sanatorium in 1917 made arrangements with a Jewish welfare group to care for any discharged non-resident patients in need who remained in the city. There are no non-Jewish discharged patients, who are community charges, according to information received by the speaker from various municipal and welfare groups of Denver.

IOWA PROGRAM

Iowa hospital executives will gather at Sioux City March 9 and 10, with Robert E. Neff, superintendent, University Hospitals, Iowa City, presiding. Food costs, laboratory financing, trustees, automobile accidents, economic aspects of nursing, statistical reports, are some of the topics to be discussed. A feature of the annual banquet will be a pageant of nursing directed by Rose O'Connor, hospital department, Sioux City Public Library.

Hospital executives participating include G. T. Notson, Methodist Hospital, Sioux City; F. P. G. Lattner, Finley Hospital, Dubuque; R. A. Nettleton, Methodist Hospital, Des Moines; Dr. Kate Daum, president, A. D. A., and chief dietitian, University Hospitals; T. P. Sharpnack, Broadlawns, Des Moines; George L. Rowe, Polyclinic, Des Moines; E. Muriel Anscombe, Jewish Hospital, St. Louis; Margaret Stoddard, City Hospital, Newton; J. B. Van Horn, St. Luke's Hospital, Cedar Rapids; E. C. Pohlman, University Hospitals; Dr. Allan C. Starry, director, department of pathology, St. Joseph's Mercy Hospital, Sioux City.

FUND IS VETOED

Gov. Pinchot of Pennsylvania recently vetoed a bill that would have provided an additional \$2,000,000 to state-aided hospitals of the state. The bill had passed the legislature and the veto came as a great surprise to hospital superintendents. Failure to provide for raising the fund was given as the reason for the veto.

SOCIAL SERVICE

St. Joseph's Hospital, Providence, R. I., recently opened a social service department with Mary E. McCarron in charge. Mrs. McCarron received her training at Boston City Hospital and took a special course at Brown University.

Here Are Figures From Which Occupancy Chart Was Constructed

THE following figures are the basis of the hospital occupancy chart reproduced on the opposite page. These figures were supplied by 91 non-municipal hospitals in 87 communities of 35 states, with a basic bed capacity of 16,922.

The first group of figures represents actual number of beds occupied; the second group, receipts from patients; and the third, operating expenses of the hospitals for each month since the "How's Business" graphs were begun:

TOTAL DAILY AVERAGE PATIENT CENSUS	
November, 1928.....	11,533
December, 1928.....	11,040
January, 1929.....	11,919
February, 1929.....	12,335
March, 1929.....	12,253
April, 1929.....	12,114
May, 1929.....	11,981
June, 1929.....	12,025
July, 1929.....	11,473
August, 1929.....	11,548
September, 1929.....	11,157
October, 1929.....	11,590
November, 1929.....	11,736
December, 1929.....	10,977
January, 1930.....	12,048
February, 1930.....	12,425
March, 1930.....	12,408
April, 1930.....	12,128
May, 1930.....	12,044
June, 1930.....	11,601
July, 1930.....	11,290
August, 1930.....	10,997
September, 1930.....	11,015
October, 1930.....	11,086
November, 1930.....	11,005
December, 1930.....	10,524
January, 1931.....	11,510
February, 1931.....	11,991
March, 1931.....	11,970
April, 1931.....	11,669
May, 1931.....	11,251
June, 1931.....	11,187
July, 1931.....	10,765
August, 1931.....	10,657
September, 1931.....	10,409
October, 1931.....	10,499

November, 1931.....	10,266
December, 1931.....	10,145

RECEIPTS FROM PATIENTS	
November, 1928.....	\$1,678,735.00
December, 1928.....	1,736,302.86
January, 1929.....	1,795,843.79
February, 1929.....	1,776,040.82
March, 1929.....	2,024,823.11
April, 1929.....	1,929,175.70
May, 1929.....	1,920,982.43
June, 1929.....	1,874,173.11
July, 1929.....	1,846,899.32
August, 1929.....	1,867,706.24
September, 1929.....	1,772,230.39
October, 1929.....	1,828,051.39
November, 1929.....	1,786,036.71
December, 1929.....	1,737,404.65
January, 1930.....	1,840,418.05
February, 1930.....	1,799,080.00
March, 1930.....	2,003,309.58
April, 1930.....	1,927,493.30
May, 1930.....	1,921,523.05
June, 1930.....	1,817,813.00
July, 1930.....	1,803,315.00
August, 1930.....	1,719,634.00
September, 1930.....	1,700,314.00
October, 1930.....	1,741,017.00
November, 1930.....	1,640,374.00
December, 1930.....	1,687,813.00
January, 1931.....	1,771,812.00
February, 1931.....	1,720,474.00
March, 1931.....	1,881,003.00
April, 1931.....	1,831,228.00
May, 1931.....	1,815,096.00
June, 1931.....	1,743,189.00
July, 1931.....	1,698,277.00
August, 1931.....	1,598,869.00
September, 1931.....	1,555,436.00
October, 1931.....	1,583,005.00
November, 1931.....	1,497,948.00
December, 1931.....	1,521,552.00

OPERATING EXPENDITURES	
November, 1928.....	\$1,936,075.00
December, 1928.....	2,064,632.41
January, 1929.....	2,104,552.74
February, 1929.....	2,007,945.24
March, 1929.....	2,099,208.11
April, 1929.....	2,071,386.46
May, 1929.....	2,064,381.77
June, 1929.....	2,034,409.13
July, 1929.....	2,045,112.96
August, 1929.....	2,068,388.63
September, 1929.....	2,050,510.38
October, 1929.....	2,079,042.06
November, 1929.....	2,091,089.31
December, 1929.....	2,127,053.36
January, 1930.....	2,190,909.95
February, 1930.....	2,067,112.17
March, 1930.....	2,120,861.86
April, 1930.....	2,064,328.56

What Is So Mysterious About This Thing Called "Budget?"

Proper Analysis and Forecast of Expense and Revenue Termed Essential to Every Hospital; Budget Is "Plain, Common Sense," After a Few Technical Terms Are Understood, Says Writer

By HAROLD K. THURSTON

Superintendent, Ball Memorial Hospital, Muncie, Ind.

IF we are to get any real value out of budgets we must put our accounting systems in order. The very mention of budgets pre-supposes an accurate, orderly, systematic accounting system. It need not be elaborate, but the facts and information which this accounting furnishes are necessary to start your budget and still more necessary to assure the real benefits of a budget.

A large proportion of superintendents came into hospital work after training in other lines. My training was largely in accounting and statistics. This knowledge and ability to understand from day to day and from month to month what my hospital's financial condition is has been very helpful. For these reasons no doubt, I have always seen that an efficient person or persons had charge of the accounting and other office work, personnel who knew what they were doing and why.

Unless we have definite, accurate accounting information to start with, the work which we try to accomplish from our budgets will be just of that much less value.

Be sure you have a definite classification of accounts. Be sure that your accountant or bookkeeper has a clear idea of where each item of expense should be charged. Too many times the person who checks the invoices and makes the decision of what particular account is to be charged, does not have sufficient information as to what many expenditures are for.

I think it is not too much to say that many superintendents in smaller hospitals are handicapped in this respect. It is often hard to get boards to realize these things. Only too often the accountant or bookkeeper is chosen because he or she is a friend or relative of Mr. or Mrs. So-and-So.

L. C. Austin, superintendent Mt. Sinai Hospital, Milwaukee, says that 65 per cent of the hospitals in Illinois,

Indiana and Wisconsin who answered his questions did not operate on a budget. It hardly seems possible and yet there are many comparatively small hospitals in these three states. He also found that 55 per cent of hospitals over 100 beds reporting, did not operate on a budget and that 85 per cent of the hospitals under 100 beds reporting, did not operate on a budget. His conclusion was that about 90 per cent of the hospitals in this territory, of less than 100 beds, did not operate on a budget.

Mr. Austin pointed out that the budget should be started in September. I think this is an excellent suggestion, as it gives sufficient time for proper study and consideration. Mr. Austin also brought out nicely the workings of the budget in keeping the expenses of the various departments where they should be and he showed how it tends to stimulate interest among the personnel. It tends to cut down unreasonable requests and especially those things which are not real needs.

I wish to emphasize one point we must never forget in hospital administration and that is no matter how beautiful our ideals of service may be, no matter how wonderful an organization of nurses and other personnel we may have, in the last analysis all will fail unless the superintendent can find the necessary money to "carry on." When we get down to the real foundation stones of a well organized and successful hospital, we will find a proper financial plan. Probably never before have hospitals felt the need of careful business administration as now. Never has it been necessary to make the hospital dollar go farther than today. If we do not have our accounting systems in order, let us get busy and make them so.

I have had hospital superintendents tell me many times, especially in small hospitals, "I never can understand those monthly reports. I always leave

them to my bookkeeper." There is nothing very complicated about accounting. Outside of a few technical terms, it is plain, common sense. After our accounting is in good shape, then we should work out a budget and work with it continuously. A budget is a living thing; it should not be adopted and then filed away for reference.

I wish to quote from the reports of the committee on accounting and records, American Hospital Association, 1926: "In order to reach the maximum of benefit, operating statements of the hospital, not only financial but service, must be watched continuously. The benefits of a budget are in direct ratio to the degree with which they are used. A properly prepared budget and the proper operation of an institution on a budget system is not possible of accomplishment without the right type of records and the proper analysis."

In closing let me emphasize one thought. We have all heard a lot about the financial depression. The question is, "What are we going to do about it?" There is a danger that we may become victims of self-pity. No situation is so bad that it might not be worse. Let us "watch our steps," eliminate wastes, improve service and build more efficient organizations. Let us bring about every economy possible which does not reduce the standard of real service to the patient. If we do these things I do not think we will have to worry a great deal as to what will happen to an institution which fills such an important place in our civilization as the hospital.

HOSPITAL NOT LIABLE

Twin City Hospital, Dennison, O., recently was favored in a ruling of a court which asserted that a hospital organized for charitable purposes and exercising due care in selection of employees is not liable for injuries sustained by a pay patient. The suit followed a burn, alleged to have resulted from a hot water bottle while the patient still was under the influence of an anesthetic.

From a discussion at 1931 Tri-State Convention, Chicago.



Movable Newsstand Serves Sick at Royal Victoria

ROYAL Victoria Hospital, Montreal, W. R. Chenoweth, superintendent, has a traveling canteen or newsstand that recently attracted widespread attention in the news trade field and was described in the "American News Trade Journal." The stand is operated by A. Deschambault, formerly an orderly at the hospital, who has built up a service that, according to Mr. Chenoweth, is highly appreciated.

"As this hospital is exempt from taxation," writes Mr. Chenoweth, in commenting on the "bookmobile," "we could not enter into any arrangement to charge rent for this privilege, as then we might be charged with competing with other merchandising concerns. This would jeopardize our position in respect to tax exemption. Mr. Deschambault, however, makes a donation of \$250 a year to the hospital.

"The service has been a boon not only to public patients, but to private patients as well."

As the photograph shows, the booth is attractively arranged and carries a varied stock. It is easily moved to any bedside. A mail box for the convenience of patients desiring to mail letters is an appreciated feature of the "bookmobile."

Besides the movable stand, Mr. Deschambault also operates a permanent stand in a small space in a corridor. The latter type of stand is

becoming more common in hospitals, but few have the movable stand. The rolling equipment was devised to meet the difficulties of carrying magazines and other articles in his arm, this procedure not only being tiring but permitting of no display of the stock.

Besides magazines, Mr. Deschambault sells stamps, newspapers, tobacco, matches and gum.

OHIO PROGRAM

Admitting procedures, hospital contracts with employees, insurance problems of hospitals and uniform accounting are some of the subjects to be discussed at the Ohio Hospital Association meeting March 15-16 at Akron, Mayflower Hotel. Dr. C. S. Woods, St. Luke's Hospital, Cleveland, and president, has appointed the following committees:

Auditing—J. Pritchard Smith, F. E. Baxter, Janet M. Ptolemy.

Nominations—Rev. Philip Vollmer, Jr., Charles E. Findlay.

Membership—Mary A. Jamieson, Dr. E. R. Crew, Sister Mary Carmelita.

Legislative—B. W. Stewart, Rev. M. F. Griffin, A. E. Hardgrove, Frank W. Hoover, Alice P. Thatcher.

Constitution and By-laws—Dr. A. C. Bachmeyer, Hulda C. A. Fleer, P. J. McMillan.

Program—A. E. Hardgrove, Harry Graef, D. F. Owen, Sister Lawrence.

COLORADO SCHEDULE

Scheduled meetings of the Colorado Hospital Association for 1932 are: March 10, Children's Hospital, Denver; June 7, Boulder, Colorado, Sanitarium, Boulder; annual meeting, November 8-9, Colorado Springs.

Northwest Hospitals Resume Meetings

After three years without a meeting, the Northwest Hospital Association met at Harborview Hospital, Seattle, January 18. This meeting was the result of a questionnaire sent to members who were practically unanimous that the association hold a winter meeting. While only a one day session, it proved to be one of the best attended and most interesting meetings the association has ever held.

The morning was given over to business and the discussion of legislative measures, including the new Oregon hospital lien act and the "Care of Sick and Disabled Veterans," as presented through the questionnaire of the American Hospital Association. Administrative problems, including both nursing and dietetics, filled the afternoon program, which concluded with a round table. At the banquet Dr. H. J. Whitacre, president, Washington Medical Society, was guest speaker.

The dietetic section of the association held its business meeting in the morning. The afternoon and evening were joint sessions.

Dr. A. K. Haywood, medical director, Vancouver General Hospital, and J. V. McVety, secretary of the British Columbia Hospital Association, were guests.

The following officers were elected: president, J. W. Efaw, business manager, Seattle General Hospital; vice-president, Carolyn E. Davis, superintendent, Good Samaritan Hospital, Portland; second vice-president, Adda Knox, superintendent, St. Luke's Hospital, Bellingham; secretary-treasurer, Rev. Axel M. Green, superintendent, Emanuel Hospital, Portland. Trustees, Ann Fraser, superintendent, Virginia Mason Hospital, Seattle, and Sister Mary Magana, Providence Hospital, Seattle.

The association authorized an appropriation to send Mr. Efaw as a delegate to the meeting of the officers of the state associations with trustees of the American Hospital Association in Chicago in February.

AUTO ACCIDENTS COSTLY

Ohio hospitals recently obtained valuable publicity throughout the state by sending to editors the results of a study of automobile accidents, from the hospital standpoint, based on information obtained by the Ohio Hospital Association. This showed a loss to the hospital of about \$340,000 in a year. In a number of instances, the general figures were supplemented by statements from the local hospital telling of losses it had sustained in serving this type of patient without remuneration.

Paul Fesler Named as Successor to Late E. S. Gilmore

PAUL H. FESLER, superintendent of University of Minnesota Hospitals, Minneapolis, president of the American Hospital Association, and widely known in hospital and allied fields, on May 1 will become superintendent of Wesley Memorial Hospital, Chicago. Selection of Mr. Fesler as successor to the late E. S. Gilmore, who died at his desk after 23 years of service with Wesley, was made known by George W. Dixon, president of the Wesley board. At the same time Mr. Dixon indicated that plans would be actively pushed to make Wesley the dominating institution in a great medical center in connection with Northwestern University that would be representative of the Methodist church of the United States.

The following from a staff conference bulletin of the University of Minnesota Hospitals indicates the regard in which Mr. Fesler is held at Minneapolis:

"Mr. Fesler came to the University Hospitals January 17, 1927, after serving in a similar capacity at the University of Oklahoma for twelve years. When the Minnesota position was open in 1926, an inquiry was made as to possible candidates. In most instances, only one name was recommended and that was Mr. Fesler's.

"During the past five years the changes in our institution have been little short of amazing. The budget has been increased from \$290,000 to \$585,000; capacity increased nearly 200 beds and more than \$1,000,000 expended for new construction.

"We find the social service department organized and functioning on a high plane, the new out-patient department housed in the hospital, the health service now an integral part of our plant, the admission service more than fulfilling its function (Mr. Fesler's choice of our best effort), nursing service increased, and more specialized, technical assistance increased (gradually going over to university graduate grade), complete detailed information to all referring physicians, weekly staff meeting, departmental seminars, clinical departments housed in the hospital, record division reorganized, including the unit single number system, stenographic service improved, Ediphones at advantageous points, increase in staff of all grades, new concept of courteous treatment of all, rearrange-



PAUL H. FESLER

ment of personnel with recognition of specialized individual talents (e.g., Miss Gilman in charge of all hospital admission records), development of dietetic and technology courses, opportunities for graduate instruction of nurses, better working relationships with other institutions and social agencies, numerous contacts with organizations who have frequently met here and have been really made to feel at home, development of clerkships, research laboratories, alteration of operating rooms, laboratories, physiotherapy department,

Factors in Success

"The administrator of a hospital cannot hope for success without the help of a number of factors to carry his recommendations into execution.

"Most important is a governing board that has social understanding of the position of the hospital and its responsibilities in the community.

"The support of every plan that has communal value in the hospital program depends on such an understanding and is its logical outcome.

"The next important factor is the executive staff, including the heads of departments whose expert specialized help must be available and upon whose shoulders the execution of the program must necessarily fall."—Dr. E. M. Bluestone, director, Montefiore Hospital, New York, in annual report.

new manager of out-patient division, greater realization on the part of all of maintaining not just harmonious contacts with the public but a positive program directed to the end that the University Hospitals need the undivided support of all for maintenance and growth (to name but a few things)."

Mr. Fesler was for a number of years secretary of the Oklahoma Hospital Association and its president at the time of his resignation from the University of Oklahoma Hospitals. He recently served a term as president of the Minnesota Hospital Association and also is president of the Minneapolis Hospital Council and a director of the Minnesota society for care of crippled children. He wrote the Oklahoma law governing the care of the crippled child. Mr. Fesler is a member of the editorial board of HOSPITAL MANAGEMENT.

CLOCKS FORGOTTEN

One of the most frequent references in letters received from hospital superintendents has been to the fine spirit of the personnel. One veteran superintendent, picturing conditions in his city, with so many unemployed, shortage of funds, and of help at the institutions, added: "However, all of this is compensated for by a loyal personnel, from top to bottom, who are all 'on their toes' and who have forgotten that we have clocks in the hospital."

This man added that he believed there is a slight improvement in the general situation.

LIMIT IS RAISED

The workmen's compensation law of Kansas since May, 1931, authorizes payment up to \$500 for hospital and medical services to industrial patients. Formerly the limit was \$200, and the amendment was passed through the efforts of a very active state association legislative committee, with J. E. Lander, Wesley Hospital, Wichita, in the van. The hospitals contribute a fund to pay expenses of the committee and as a result of the victory now materially benefit in the way of more adequate remuneration for industrial service.

FIFTIETH ANNIVERSARY

The fiftieth anniversary of the founding of the New York Post-Graduate Medical School and Hospital, New York, was celebrated January 31 at the annual dinner of the Faculty Association of the institution with 500 guests. Speakers were Dr. George H. Meeker, dean of the Graduate School of Medicine, University of Pennsylvania; Dr. Nicholas Murray Butler, president, Columbia University; and Dr. Ray Lyman Wilbur, U. S. Secretary of the Interior.

LABORATORY DIRECTOR

Dr. Max M. Stumia recently was appointed director of laboratory department, Bryn Mawr Hospital, Bryn Mawr, Pa. He formerly was connected with Misericordia Hospital, Philadelphia, and is instructor of pathology, University of Pennsylvania Medical School.

Questions and Answers Concerning Out-patient Service

By WALTER C. KLOTZ, M. D.

Director of Clinic, Cornell University Medical College, New York

THE attendance of the Cornell Clinic approximates about 500 a day. As the Cornell Clinic at the present time is an unattached out-patient service without a directly connected hospital in the same building, there is no emergency, accident or casualty service.

WHAT IS A CASUALTY?

Under the term "casualty," one would ordinarily understand an injury resulting from an accident, including homicide or suicide; in other words, traumatic surgery including minor injuries such as lacerations, incisions or punctures of different portions of the body in connection with the daily vocation, also burns, cases of poisoning, both industrial or otherwise. There might be included also under the category of casualties acute internal conditions such as cerebral apoplexy, occurring in the street, for example, cardiac failure, pulmonary hemorrhage, in fact, any condition which could not wait for a dispensary out-patient session by appointment.

WHAT IS AN OUT-PATIENT?

Under "out-patient" one would understand any person suffering from sickness or injury who was being given treatment or medical care without being retained in the institution over night. He might, while living and sleeping at home, return on two or three successive days to complete various examinations and tests. An out-patient might, however, also under exceptional and extraordinary circumstances be retained in an over-night bed in a special observation ward as in connection with a basal metabolism test or similar physiological function test. Under out-patient might also be included a person who had had an operation that was not a major one but in which an over night retention might be desirable in order to obviate possible complications such as secondary hemorrhage.

WHAT IS AN OUT-PATIENT VISIT?

A "visit" is actual appearance and presence of a patient within a certain department and visits are counted according to the departments visited. Thus one individual patient might actually visit two or three departments during the same working day or the

This article is taken from a communication from Dr. Klotz answering questions recently asked by a reader. The answers and comments are published as of interest to all engaged in out-patient work and as indicating some of the features of the organization and service of the Cornell Clinic.

same clinic session. The number of visits, therefore, on any one day is not necessarily the same as the number of individual patients treated.

WHAT IS OUT-PATIENT ATTENDANCE?

By "attendance" is meant the aggregate number of visits. For example, the attendance record for the whole out-patient was 145,000 visits during the fiscal year, or the comparative attendance is reported each month for different departments showing the number of visits in these departments as compared with the number of visits during the same month of the previous year, etc.

ON WHAT AUTHORITY ARE OUT-PATIENTS ADMITTED?

The general authority for admission of out-patients is outlined in a policy adopted by either the medical board or its special committee. At the Cornell Clinic the policies are adopted and promulgated by a committee of the faculty. Such general policies define the economic level of patients who shall be eligible and the types of diseases or disabilities that are to be treated. The individual authority is exercised by the admission department, conforming to the policies as laid down by the governing committee or board. In case of doubt the question is referred to an executive or administration officer (director of out-patient service or director of the clinic). The medical selection of patients to be admitted may be made by a medical admitting officer (not at present employed at the Cornell Clinic), sorting and assignment being made by the chief registrar (a gradu-

ate nurse with special experience and training).

WHERE DO PATIENTS MAKE FIRST AND SUBSEQUENT CONTACTS?

New patients on first contact meet usher and information clerk at door who directs them to the appointment desk. If an appointment has been made previously by mail, telephone or otherwise, the same is identified and patient then passes on to registration booth where registration clerk obtains necessary identifying information for face sheet. From the registration booth patient proceeds to cashier's office and pays fee in advance, is directed to assigned department and there received by the departmental clinic secretary. Old patients pass directly from door to cashier's office, show appointment slip given them at last visit, pay fee and proceed to department.

WHEN IS FEE FIXED, WHERE, AND BY WHOM?

Fee assessment is fixed on one basis for all patients admitted to Cornell Clinic. The amount of the fees, probable cost of charges to complete case, etc., are explained by the registration clerk in registration booth.

WHEN AND WHERE IS FEE PAID?

Fees are paid at cashier's office. This applies not only to fees for visits, but also to fees for special examinations, etc. Patient goes to cashier and obtains a cash register receipt.

HOW ARE STATISTICS COMPILED?

Statistics for admission and attendance are filed by a self-registering computing machine, i. e., a combined cash register and statistical register which shows the number of visits made each day in each department. This information is collected and tabulated by the chief clerk in the cashier's office.

COMMENTS ON APPOINTMENTS OF STAFF, PERSONNEL

Chiefs of clinic and medical staff are appointed by the respective heads of university departments. Auxiliary service consists of nursing, social service, secretarial personnel, and record office where all records are filed centrally under consecutive serial numbers with all information contained in one folder or jacket regardless of the number of departments visited.

House Committee Hears A. H. A. Idea on Veterans' Treatment

Joint Committee Named Representing Various Groups to Make Study of Costs of Caring for Different Types of Patients in Civil and Federal Hospitals

REPRESENTATIVES of the American Hospital Association were granted a hearing by the committee of the House of Representatives on world war veterans' legislation in Washington February 3, with several representatives of the medical profession and in the presence of American Legion national officers. The House committee evinced considerable interest in the idea of utilizing existing civil hospitals for treatment of emergency veteran patients, rather than have these patients wait until new government construction will be available.

This hearing was but one of a number of conferences the A. H. A. representatives attended and in which they participated in Washington early this month, and as a result of the various hearings, on suggestion of a representative of the Veterans' Bureau a joint committee representing hospital, medical and Legion interests, was appointed to make a detailed study of costs of caring for certain types of patients in civil hospitals and in federal institutions. This study, it is hoped, will be made by a man who has spent considerable time in analyzing hospital costs.

Paul H. Fesler, president, American Hospital Association, was named chairman of this joint committee, other members of which are:

American Hospital Association, Dr. N. W. Faxon, Dr. F. A. Washburn, Dr. Hugh Scott.

American Medical Association, Dr. C. B. Wright, Dr. O. A. Fiedler, Dr. E. H. Carey, Dr. Holman Taylor.

American Legion, W. B. Miller, E. V. Cliff, E. A. Hayes, Dr. H. D. Shapiro.

Catholic Hospital Association, Ray Kneiff.

The House committee hearing was in connection with H. R. 368 introduced by Representative McClintic of Oklahoma which authorizes the Veterans' Bureau to arrange for care of patients in civil hospitals, if necessary.

Conferences with officials of the Veterans' Bureau and with the American Legion, singly and jointly and with the A. M. A. occupied much of the time of the A. H. A.

representatives who also included A. M. Calvin, St. Paul, chairman of the A. H. A. legislative committee, Dr. S. S. Goldwater, and Dr. Winford Smith.

Efforts of the American Hospital Association to have the government utilize acceptable civilian hospital beds for care of certain types of veteran patients have created much interest among hospitals and medical men of the country, and newspapers are reflecting this interest by news articles and editorial comment. The American Legion and the Veterans' Administration, which will perhaps have the most influence in changing the present policy of the government, also are discussing this question, and comments and opinions of representatives of these groups also are receiving attention of editors.

In a few instances favorable comment has been voiced toward the proposal that selected civilian hospital beds be used for certain types of veteran patients, but more clippings present an unfriendly view, pointing to higher cost and practical difficulties confronting any change in present policies of the federal government.

In some way newspapers have received information that the government can hospitalize veteran patients in government hospitals at considerably lower cost than in civil hospitals. At this time when the public is so interested in reducing expenditures of all kinds, the appeal of economy is an effective one. There is no question, however, that many civilian hospitals would care for veteran patients, if assured a definite quota for a definite period, at a cost considerably less than these institutions reported two years ago, or even today when low occupancy raises the general overhead so high as far as today's patient census is concerned.

If the question of relative costs is to enter prominently into a decision of the government, any figures should be studied by a committee or board that should have available all

the facts concerning the factors entering into these costs. It is not fair to take for one group a set of figures for 1929, for instance, and for the other, 1931 figures. And, further, the civil hospitals interested in obtaining a quota of veteran patients should be given an opportunity to submit their proposed charges for this service.

As far as the hospital field generally is concerned, the individual hospitals should cooperate most actively with the American Hospital Association which has made contact with all groups interested. Every hospital should send in its questionnaire and should be guided by any suggestions or advice the A. H. A. may offer. Those who have given this whole question real consideration believe that many civil hospitals could be utilized by the government for certain types of veteran patients to the advantage of these patients and the public. These individuals point out that they do not advocate the closing of any government hospitals, nor a curtailment of construction of certain types of buildings, but they do feel that with the need of immediate attention for many veteran patients so great and with so many beds vacant in acceptable civil hospitals, some use of these beds can be made with profit to all concerned.

It is to be hoped that all state, local and sectional associations meeting in the near future will urge upon their members the importance of cooperating with the American Hospital Association and in supporting the A. H. A. in its efforts to gain the utilization of civil hospitals under the conditions suggested in the foregoing.

Among the hospital associations meeting recently which indicated their interest in the plan of the A. H. A. to have the government utilize acceptable civil hospital beds instead of building more federal hospitals were the Chicago Hospital Association and the Northwest Hospital Association. Both passed resolutions to the effect that their members were supporting the A. H. A. in its efforts.

WHO'S WHO IN HOSPITALS

GRAHAM LEE DAVIS, an occasional contributor to *HOSPITAL MANAGEMENT*, is a familiar figure to hospital superintendents and executives of the Carolinas as he has been connected with the Duke Endowment since it opened its offices in Charlotte, N. C., in 1926, and prior to that time assisted in a survey of Carolina hospitals and orphan homes that was sponsored by James B. Duke. He is an enthusiast about hospital administration and a real student of hospital problems. Mr. Davis has contributed some valuable material to hospital literature, based on the intensive surveys of the Duke Endowment under the director of the hospital and orphan section, Dr. W. S. Rankin. Mr. Davis is a graduate in law and it was while serving a clerkship in the office of James B. Duke in New York that he became interested in Carolina hospitals. He entered the war as a sergeant in an aero squadron, sailed to France with Brig. Gen. Fulois, first chief and present chief of the air corps, and returned a second lieutenant.

Mae Tompkins, superintendent, Methodist Hospital, Peoria, Ill., recently spoke before the local Kiwanis Club on her recent trip to Europe.

Dr. H. P. Mahan, formerly of the Wisconsin State Sanatorium, Statesan, Wis., recently took charge of the McDonough County Tuberculosis Hospital, Bushnell, Ill.

Mrs. Minnie S. Rasmusson, superintendent, Pocatello, Idaho, General Hospital, recently was complimented by city officials on her efficient administration of the institution during the past year.

Ruth Swalestuen has resigned as director of nurses at California Hospital, Los Angeles, and has been succeeded by Adeline Hendricks. Miss Hendricks was a high school teacher before taking up nursing and her preparation includes a special course at the nursing school of the University of Minnesota.

Martha Hein, superintendent, Lutheran Hospital, Hampton, Ia., recently was elected president of the fourth district, Iowa Nurses Association.

Marion J. Wells recently resigned as director of the school of nursing of Hospital of the Good Shepherd, Syracuse, N. Y., after five years, and plans a European trip.

Charlotte Janes Garrison, who recently resigned as director of the



GRAHAM LEE DAVIS

American Hospital Association library and service bureau, now is superintendent of the Newton Memorial Hospital, Newton, N. J., a new institution in a community heretofore without a hospital. Miss Garrison recently went east to supervise purchase of equipment and furnishings, preparatory to opening the institution.

Rev. John G. Benson, superintendent, Methodist Hospital, Indianapolis, recently substituted for the pastor of the Second Presbyterian Church of that city during the latter's absence.

Miss Emma Stoll has resigned as superintendent of Clay County Hospital, Brazil, Ind., after three years' service.

Mrs. Ida Venner Rodgers, some years ago superintendent of Passavant Hospital, Jacksonville, Ill., recently was named to that position again.

Dr. J. E. Luckey and his sons, Dr. R. C. Luckey and Dr. Harold A. Luckey, recently opened their new 20-bed hospital at Wolf Lake, Ind.

Miriam Petchner is dean of the Knapp College of Nursing, affiliated with Santa Barbara Cottage Hospital, succeeding Lena Davis, resigned. Miss Davis' duties as superintendent of nurses at the hospital have been assigned to Louise Brooks.

Dessa Shaw recently resigned as superintendent of Piqua Memorial Hospital, Piqua, O., after 19 years of splendid service. She has been succeeded by Cora B. Anderson. Mary

Arrowsmith, assistant superintendent under Miss Shaw, resigned with her.

Marjorie M. Ibsen is superintendent of Highland Park, Ill., Hospital, succeeding Lena M. Johnson, resigned.

Frances West is the new superintendent of Middlesex Hospital, Middletown, Conn. She formerly was in charge of Charlotte Hungerford Hospital, Torrington.

Claribel Wheeler, formerly director of the school of nursing of Barnes and affiliated hospitals of the Washington University group, St. Louis, on February 1 became executive secretary of the National League of Nursing Education.

Bessie Norris recently resigned as superintendent of J. C. Hammond Hospital, Geneseo, Ill.

Charles Dowling, for fifteen years an assistant, recently was appointed steward of the Colorado State Hospital, Pueblo.

Mrs. Idonia Daniels is superintendent of the Wichita, Kan., Home for the Aged, which recently was given a ten-acre site for a new building.

Mary L. Overturf, for five years superintendent of nurses of Lake County Memorial Hospital, Painesville, O., and more recently acting superintendent, has been designated superintendent.

Amanda Helseth recently was appointed superintendent of nurses of Lord Lister Hospital, Omaha, Neb.

Alma White, superintendent, New London Hospital, New London, O., reported the smallest deficit in the history of the institution during 1931, the amount being \$71.33.

Dr. John C. MacKenzie, acting superintendent of Montreal General Hospital, recently was named general superintendent.

Dr. D. L. Richardson, well known for his activities on behalf of committees of the American Hospital Association, recently was named superintendent of health of Providence, R. I., a position he will hold in addition to being in charge of Charles V. Chapin Hospital, formerly the city hospital.

Dr. Harry Rubin, formerly in charge of the veterans' hospital at American Lake, near Tacoma, recently was transferred to the new Waco, Tex., veterans' hospital, which he expects to have ready for opening about April 1.

HOSPITAL MANAGEMENT

A Practical Journal of Administration

Published on the Fifteenth of Every Month by
CRAIN PUBLISHING COMPANY
(Not Incorporated)

537 SOUTH DEARBORN STREET, CHICAGO
Telephones—HARRISON 75047505
NEW YORK OFFICE, GRAYBAR BUILDING
Telephone—LEXINGTON 1572

Vol. XXXIII FEBRUARY 15, 1932 No. 2

G. D. CRAIN, JR.
President.

KENNETH C. CRAIN,
General Manager.

MATTHEW O. FOLEY, Editorial Director.

THE EDITORIAL BOARD

ASA S. BACON, superintendent, Presbyterian Hospital, Chicago.

CLARENCE H. BAUM, superintendent, Lake View Hospital, Danville, Ill.

P. W. BEHRENS, superintendent, Williamsport Hospital, Williamsport, Pennsylvania.

H. E. BISHOP, superintendent, Packer Hospital, Sayre, Pa.

EDGAR A. BOCK, M. D., superintendent, Gallinger Municipal Hospital, Washington, D. C.

FRED S. CLINTON, M. D., F. A. C. S., honorary life president, The Oklahoma Hospital Assn., Tulsa.

E. R. CREW, M. D., superintendent, Miami Valley Hospital, Dayton, O.

C. J. CUMMINGS, superintendent, Tacoma General Hospital, Tacoma, Washington.

N. E. DAVIS, corresponding secretary, Methodist Board of Hospitals and Homes, Columbus, O.

PAUL H. FESLER, superintendent, University of Minnesota Hospital, Minneapolis.

REV. H. L. FRITSCHEL, superintendent, Milwaukee Hospital, Milwaukee, Wis.

ALICE M. GAGGS, R. N., superintendent, Norton Memorial Infirmary, Louisville, Ky.

MISS HARRIET S. HARTY, superintendent, St. Barnabas Hospital, Minneapolis, Minn.

M. T. MACEachern, M. D., associate director, American College of Surgeons, Chicago.

MRS. MARGARET D. MARLOWE, chief dietitian, Methodist Episcopal Hospital, Indianapolis.

ELMER E. MATTHEWS, superintendent, Wilkes-Barre City Hospital, Wilkes-Barre, Pa.

A. J. McRAE, M. D., Miami, Fla.

T. T. MURRAY, superintendent, Memorial Hospital, Albany, N. Y.

ROBERT E. NEFF, superintendent, University of Iowa Hospitals, Iowa City.

GEORGE O'HANLON, M. D., general medical superintendent, Jersey City Hospital, Jersey City, N. J.

JOHN H. OLSEN, superintendent, Richmond Memorial Hospital, Prince Bay, N. Y.

C. S. PITCHER, superintendent, Presbyterian Hospital, Philadelphia, Pa.

W. W. RAWSON, superintendent, Thomas D. Dee Memorial Hospital, Ogden, Utah.

B. A. WILKES, Hollywood, Calif.

C. S. WOODS, M. D., superintendent, St. Luke's Hospital, Cleveland, O.

The figures were compiled from 100 consecutive admissions, excluding only patients to whom the hospital made no charge. Incidentally, in the second article of this series, figures from 100 consecutive patients, regardless of whether they paid the hospital or not, will be shown, through the cooperation of the Baptist Hospital, Memphis, Tenn., and George D. Sheats, superintendent.

As the article states in its introduction, speakers on the subject of costs of illness frequently imply that the particular activity they represent usually is blameless for high cost, and by inference, point to the other factors in the health service as being the most expensive from the patient's standpoint. This complete tabulation, with information from three important sources of expense, the hospital, the doctor and the nurse, therefore will enable readers to make an unbiased study of the question. Instances can be seen where the hospital bill was high, and where the doctors' charges were the major factor in the cost, while in a few instances the special nursing charges added considerable to the total. However, from the detailed figures given in this article, the reader can see that in every instance there were reasons why such items were high, such as seriousness of the illness, necessitating prolonged special nursing, length of hospital stay, or nature of medical service.

One result of such studies as this ought to be to make everyone connected with service to the sick join hands with representatives of other activities in this service to explain why costs are high. When all join hands and endeavor to present the facts as seen by their co-workers as well as by themselves, to the public, charges of excessive bills will not be as numerous. Sometimes an individual, talking only for himself or herself, infers that other factors in health service are to blame for high costs. Naturally those representing these factors are quick to defend themselves, and sometimes they make counter charges against the first individual. As a result the public cannot be blamed for being more bewildered than ever, or even if it suspects that everything is not as stated by the conflicting claimants.

So this unique study ought to be the subject of close attention by every person interested in helping the public understand more thoroughly the factors that enter into costs of illness.

When Hospitals Operate Without Superintendents

At least two hospitals are attempting to save money these times by doing without a superintendent. This is not due to lack of applicants, but apparently the boards of trustees really believe that various departments can divide the duties of the superintendent and that in this way the salary of that position can be saved.

In the last analysis, however, it undoubtedly would be shown that one of the several individuals participating in the joint management actually has greater authority than the others, or, perhaps, that some member of the board in reality holds the authority of superintendent, without the title and very probably without the experience.

The communities in which these hospitals are located, however, are being told through the press and otherwise that the hospitals are being operated without superintendents and presumably being operated satisfactorily. If they were not being operated satisfactorily, one would imagine that a superintendent would be appointed.

Both hospitals are small ones, even small among really "small hospitals," but it so happened that both of them up to a short time ago were managed by individuals who

The Hospital, Doctor, Nurse, Patient—and the Bill

The leading article in this issue presents for the first time in print an analysis of costs of hospitalized illness as shown by charges made by doctor, nurse and hospital to a group of 100 patients admitted to a hospital. Heretofore, discussions of costs of illness have been confined to actual figures from the hospitals, but here are actual figures from doctors and from special nurses when the latter entered into the situation.

Much credit is due to the staff of the Tacoma General Hospital, which so generously provided the figures representing professional fees and by this cooperation made the article unique in hospital literature as well as an outstanding contribution to the discussion of the costs of illness.

were members of their state and national associations and who took a lively interest in the work and especially in the meetings of these associations.

As intimated earlier, the chances are that in reality someone is in charge of each institution, with clearly understood, if not specifically worded, authority, but thus far this individual is not designated by the title "superintendent" or by any title of similar import. To all intents and purposes in the minds of the trustees and the public, apparently, the various department heads are functioning as ably and as economically, with no one sitting at the superintendent's desk, as they were when a superintendent of experience was in charge.

Is it within the province of any association, state or national, to take any consideration of a situation such as this? Or, put it this way: Should associations whose objects are to improve standards of hospital service through more efficient administration recognize hospitals which announce that they will operate without a superintendent?

Conventions Pay Visitors Unusually Well This Year

A number of hospitals in a group of neighboring sparsely populated states several years ago decided that an association and meetings would be a good thing, and they organized a regional association. A little later a larger group of states formed a still larger association, and the smaller body was invited to become a member. This resulted in the dissolution of the smaller group.

This year, after three years' experiment with the larger association, the smaller group decided to reorganize and hold its own meeting, and reports are that the convention was thoroughly enjoyable and very well attended.

This indicates the value of the smaller hospital association and the experience of this group should encourage those progressive spirits in states as yet without a hospital organization, to undertake such an association. The action in reorganizing this small body, with such a fine attendance at its reorganization meeting, ought to indicate to hospitals where such associations exist that perhaps institutions which fail to attend state or sectional meetings are missing something.

The next few months will see many state and sectional meetings scheduled. The officers cordially welcome all to attend these sessions, and conventions held in states adjoining those without an association undoubtedly will warmly welcome visitors from the neighboring state.

Probably never before in the experience of any living hospital executive has the advice and knowledge of other people in this field been so needed as it is today. While so many hospitals are severely affected by present economic conditions, a surprising number are offsetting these conditions in an admirable way through organization and methods which will be gladly explained on request. Why not attend the next association meeting in your section and learn what some of the hospitals are doing to meet today's conditions?

No One Type of Training Guarantees Success Here

The widespread interest in the question, "Should a Superintendent Be Licensed?" has encouraged a number of readers to suggest elements that should be included in an acceptable course in hospital administration. This topic, in turn, brings up the question of medical, nursing

or other specific experience and whether or not a person with a particular experience has an advantage over a person without such training when it comes to managing a hospital.

A study of the men and women who have made a success of their work leads to the conclusion that the most important asset or the most important feature in the make-up of a successful hospital superintendent is personality. One wishing to do so, can select names from lists of medically trained individuals, from graduates of nursing schools, from alumni of religious institutions, from the ranks of lawyers, engineers, and business men and women. All of those who may be selected can demonstrate that they are doing a thoroughly acceptable job, acceptable to their own boards and community at large, and acceptable to the agencies that inspect hospitals, and to practical superintendents. Thus, any person in any one of these groups might be cited as proof that the particular training of this group, whether it be medicine, nursing, the ministry, or whatever it may be, is indispensable to a successful hospital superintendent. And yet the very fact that there are a number of professions and vocations represented among successful hospital superintendents would immediately tend to show that one particular type of education or training, in itself, is not sufficient and is not a guarantee of success.

These remarks are suggested by the fact that non-medically trained men and women for years have been an important factor in building up standards of hospital service, and in a number of instances their knowledge of what other progressive institutions are doing has enabled them to work most effectively with the medical staff in adding new professional departments or expanding existing departments.

Therefore, while certain types of training or experience are advantageous to the superintendent of a hospital, no one type of special training in itself is sufficient to guarantee that the individual will be a successful hospital administrator.

The responsibilities of a hospital superintendent are of such a character that, as has been often stated, this work is a vocation in itself, if not generally recognized as a profession. For this reason, any program that will serve to identify a superintendent as such and to emphasize his or her experience and administrative ability will be something that will benefit the public as well as the men and women in charge of hospitals.

"Should Charges Be Reduced?" Was Asked Ten Years Ago

The little review of articles and news published in *HOSPITAL MANAGEMENT* ten and fifteen years ago last month referred to the fact that in January, 1922, some hospital executives were seriously urging that charges be reduced as a means of developing greater utilization of beds. This will be news to superintendents entering the field within the last few years, some of whom, no doubt, are now considering the question of reducing rates. In a recent discussion of this subject before a local group one veteran superintendent asserted that such a practice was inadvisable because the vast majority of hospital beds were fairly priced and there were many beds below cost. Any reduction in rates would throw many more beds into the "deficit" classification and would undo the many years of educational effort that helped to bring charges to their present levels. That this association withdrew from consideration a motion dealing with rate reduction will be interesting to the field. It is history that very few hospitals reduced charges in 1922.

Ideals of Service Publicly Stressed In Capping Exercise

Frances E. Willard Hospital, Chicago, Has Elaborate Program in Connection With Formal Admission of Probationers Into Nursing School

By NETTIE B. JORDAN, R. N.

Superintendent of Nurses, Frances E. Willard Hospital, Chicago

THE program of the capping exercise included:

March by School. (Seniors marched back to dressing room off the stage. Probationers were seated on stage. School seated in front.)

Songs by School.

Invocation by Chaplain.

Superintendent of Nurses, address of welcome.

Chairman of Nurses' Committee, Medical Staff, short address.

Chairman of Nurses' Committee, Board of Trustees, short address.

President of Senior Class, reading on "Caps."

Capping Exercise.

One by one the Seniors come from the wing draped with sheet, a symbolic badge on her dress, each bearing a lighted candle in her right hand. She addresses a probationer by name. The probationer steps forward and receives the lighted candle in left hand and kneels while she is accepting the vow relating to some idealism of nursing. The cap is placed on her head and pinned. The probationer rises and replies by dedicating her class to the ideal just set forth. The following nursing ideals were portrayed:

SENIOR: "I am the SPIRIT OF PURITY and with this cap may I inform you that nurses are expected to be examples of virtuous women. You are reminded that no nation's health or its social structure is any greater than the chastity of its women."

PROBATIONER: "SPIRIT OF PURITY, I dedicate my class to you."

SENIOR: "I am the SPIRIT OF WISDOM and with this cap may I wish that you will be studious, seeking out all the knowledge possible in order to reach the highest attainment of your chosen profession."

PROBATIONER: "SPIRIT OF WISDOM, I dedicate my class to you."

SENIOR: "I am the SPIRIT OF SERVICE and with this cap may I inspire you to a great sense of duty in the detailed sci-

How a capping exercise may be made an important factor in impressing the ideals of nursing and of hospital service on the public is shown, in the accompanying outline of features of the recent exercises of Frances E. Willard Hospital. Many other hospitals and schools undoubtedly have an opportunity to conduct a similar program, which includes brief talks by representatives of the medical staff, hospital and nursing student body. This program has proved highly successful in this institution and is published as a suggestion to other readers.

tific care of the sick, always with sympathy, never impatient, and ever mindful of the little niceties that bring comfort and the desire to get well. Your treasured reward is the recovery of your patients, and to have built a shrine in the hearts of those whom you have served."

PROBATIONER: "SPIRIT OF SERVICE, I dedicate my class to you."

SENIOR: "I am the SPIRIT OF RELIGION and with this cap may you bow your head in reverence to the Divine Physician Who not only healed broken bodies but laid the plan for a better social structure by teaching the brotherhood of man."

PROBATIONER: "SPIRIT OF RELIGION, I dedicate my class to you."

SENIOR: "I am the SPIRIT OF TRUTHFULNESS and with this cap may I endow you with the spirit of truth which is your guiding star into the confidence of your supervisors, teachers and doctors."

PROBATIONER: "SPIRIT OF TRUTHFULNESS, I dedicate my class to you."

SENIOR: "I am the SPIRIT OF CULTURE and with this cap I implant in you the desire for that mental and spiritual quality known as culture. By this I mean the appreciation of all that is beautiful; the best in literature, art, language, music, all nature, as well as the opinions of intelligent people. The expression of culture comes through poise, a clear modulated voice, always tolerant of others' opinions, and with due reverence for all religions and kindness to people in all the social scale."

PROBATIONER: "SPIRIT OF CULTURE, I dedicate my class to you."

SENIOR: "I am the SPIRIT OF AMBITION and with this cap goes the hope there ever will be that soul unrest striving for greater attainments in your chosen profession. May you set one goal after another until you have the right to some

distinction and at the same time have lived gloriously in the hearts of people whom you have served and loved and who have inspired you to do your best."

PROBATIONER: "SPIRIT OF AMBITION, I dedicate my class to you."

SENIOR: "I am the SPIRIT OF PLAY and with this cap may I preserve in you one element of eternal youth which allows you to enjoy all the clean games of life. With normal recreation you not only promote but preserve better mental and physical health."

PROBATIONER: "SPIRIT OF PLAY, I dedicate my class to you."

SENIOR: "I am the SPIRIT OF FAIR PLAY and with this cap I beg of you to be careful in your criticisms of others until you are in possession of all the facts. Avoid mischievous gossip, and be the first to condone a mistake, and remember the fine character trait to play fair with a sister nurse."

PROBATIONER: "SPIRIT OF FAIR PLAY, I dedicate my class to you."

SENIOR: "I am the SPIRIT OF AVOCATIONS and with this cap I hope I may awaken other talents other than the art of Nursing. With additional gifts of heart and mind you will be more versatile, more radiant, much more interesting, and the summary of your talents will give you the most prized of all possessions—personality."

PROBATIONER: "SPIRIT OF AVOCATIONS, I dedicate my class to you."

SENIOR: "I am the SPIRIT OF A HEALTH TEACHER and with this cap I assure you that your knowledge will be far reaching if you can show that good health and right living brings a greater reward in the form of happiness and well being than any other possession. Teach health to the world but apply the principles first of all to yourself."



"Spirit of Purity, I dedicate my class to you!"
Inspiring scene at unusual capping ceremony of school of nursing, Frances E. Willard Hospital, Chicago. The text of the dedication ceremony is reproduced herewith, together with a brief description of other features of the capping exercises.

PROBATIONER: "SPIRIT OF A HEALTH TEACHER, I dedicate my class to you."

SENIOR: "I am the SPIRIT OF KINDNESS TO PATIENTS and with this cap I endow you with zeal and alertness ever to be ready to serve the simplest wish of the sick who look to you for sympathy and kindness and care, all of which makes the sick bed less wearisome and the recovery more certain."

PROBATIONER: "SPIRIT OF KINDNESS TO PATIENTS, I dedicate my class to you."

SENIOR: "I am the SPIRIT OF LOYALTY TO DOCTORS and with this cap may I ask you to foster an eternal sense of obligation to the medical men who are your directors in the treatment of the sick. The regular physicians have spent many years in scientific study and research to acquire their technical knowledge. Our profession is an allied one to theirs and only through mutual loyalty can public confidence be maintained."

PROBATIONER: "SPIRIT OF LOYALTY TO DOCTORS, I dedicate my class to you."

SENIOR: "I am the SPIRIT OF LOYALTY TO THE SCHOOL and with this cap I wish to glorify you in the pride for your school. The Frances E. Willard Nurses' School has always stood for the highest nursing ideals, being founded and maintained by women of religious zeal and fine moral standards. May your life reflect great honor to your school."

PROBATIONER: "SPIRIT OF LOYALTY TO THE SCHOOL, I dedicate my class to you."

SENIOR: "I am the SPIRIT OF FLORENCE NIGHTINGALE and with this cap I spiritualize you with the great ideals of nursing. May the ennobling influence of her character become part of you as an inspiration that you may so live that you will be an example always for the nurses who follow in your footsteps."

PROBATIONER: "SPIRIT OF FLORENCE NIGHTINGALE, I dedicate my class to you."

SENIOR: "I am the SPIRIT OF FRANCES E. WILLARD and with this cap of purity

may you see the Madonna-like face of America's finest woman, who alone is sculptured in the Hall of Fame. The theme of her life's work was 'Home Protection,' and with this ideal she spread the gospel of temperance, of practical religion, and all things that would preserve the unity and harmony of the home."

PROBATIONER: "SPIRIT OF FRANCES E. WILLARD, I dedicate my class to you."

PROLOGUE

"In the catalogue of life's big moments, to a nurse none is more vivid than the gift of her nursing school cap. She senses a new power within herself—a feeling of unity with her co-workers, and the sentimental sense of belonging to a respected sisterhood. There is a far greater emotional touch to this event than anyone knows except the nurses themselves. Ask any old nurse about the first operation she ever witnessed, and the chances are equal that she may have forgotten it, but ask her how she felt about donning her cap for the first time and her eyes will assume a new mist, for this event she did not forget.

"Many schools of nursing are now capping their nurses as a school activity, and it carries as much weight in the memory of the student as her finishing day. The first capping exercise of the Frances E. Willard Nurses' School made a great impression upon the students of all the classes as well as on the parents and friends that attended.

"Each year a little has been added to the original program. The 1931 capping was edited and directed by the author with the general features as noted in this article."

Does Its Name Fit the Hospital?

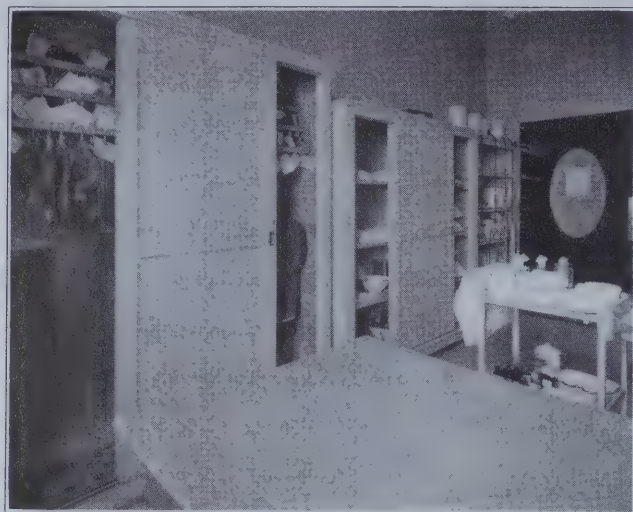
Sometimes it becomes advisable for a hospital to change its name, and in some instances there are hospitals which continue to carry on under a name which is a distinct handicap. Most frequently in such instances the name of an individual or a family becomes identified with a hospital, in the minds of the public, in such a way that the community feels that the public has no voice in the control or policies of the institution because it was established by one person or by one family, and the community believes the donor or the family is supporting the work in its entirety. There are a number of hospitals which find that their communities have this erroneous impression and which find it practically impossible to get the public at large to share in the support of an institution.

Sometimes, too, a hospital is given a name which indicates service to a certain area or neighborhood, and after some years the character of the neighborhood changes, or the work of the hospital expands, with the result that the name no longer is suitable and, sometimes, even a handicap. Thus there are a number of practical reasons why hospitals change their names.

In last month's issue reference was made to the change in name of the Baptist Hospital, Houston, Tex., which for 24 years was known by that name and which, since January 1, 1932, is known as The Memorial Hospital. In announcing the change, the statement of the hospital says in part:

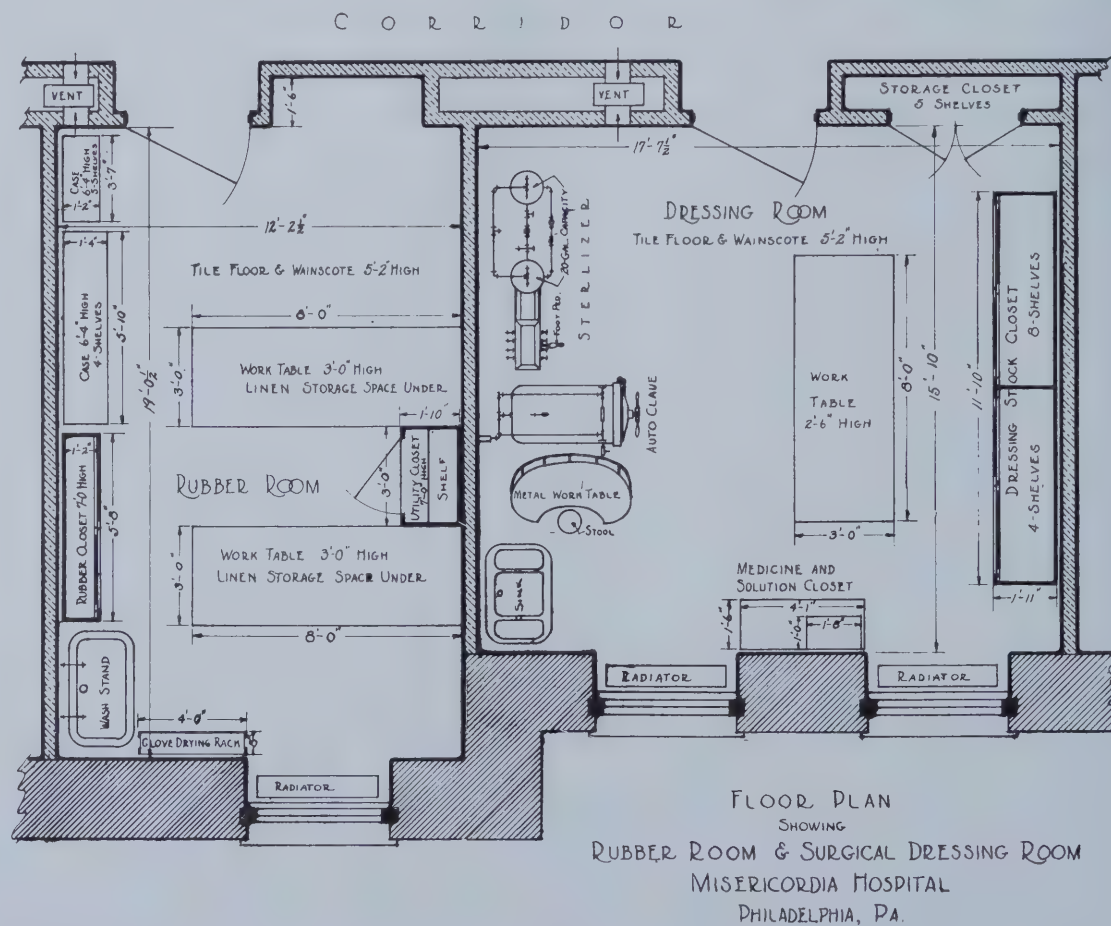
"This hospital has been fortunate in having friends who have from time to time made donations in the form of equipment or furnishings, or in cash, to be used as the hospital deemed best. Others have given linens, jellies, etc. Still others have come to the hospital to make dressings. Those who have contributed equipment and furnishings have been memorialized by bronze tablets or inscriptions on such equipment.

"The board of directors, feeling that the name 'Memorial' would express to the public the fact that its existence is a memorial to hundreds who have contributed to its support during the 24 years of its life and would also offer a wonderful opportunity to others to memorialize their names, decide for the names of their loved ones, decided to change the name to Memorial Hospital."



At the left and below are glimpses into the central dressing room of Misericordia Hospital, Philadelphia, Pa., which for a number of years has used this type of service to great advantage, both as to efficiency and character of technique and as regards saving of time, materials and personnel.

Below is a diagram that will enable the reader better to visualize the arrangement and equipment of the central dressing room, views of which are presented above and to the right. On the opposite page will be found a list of trays and equipment kept in this department and on other pages a description of its operation.



Equipment of Central Dressing Room of Misericordia Hospital

Dressing Carriages

THREE DRESSING CARRIAGES for private service or individual dressing operation in any department, equipped as follows:

Top tray.
Adhesive roll; large can 4x4's; small can sponges, 2x2's.

Three one-quart flasks of the following solution: Alcohol, 70 per cent; normal saline solution; boric acid Sat. solution.

Sterile gown, sheet, breast-roll, lap-pads, towels, surgical kits, suture kits, incision set, gloves.

Sterile articles: Eight-inch tube of assorted rubber tubing; tube of one-inch cigarette drain; one-half inch or one-inch packing; package of tongue depressors; culture tube; jar of applicators; Aseptobulb syringes, one and one-half ounce; solution cups, six ounce; emesis basins, eight ounce.

Lower tray.

One-ounce bottles of mercurochrome Sol. 1 per cent; phenol, hydrogen peroxide, benzene, collodion, tincture iodine, tincture metaphen, silver nitrate Sol. 10 per cent; dichloramin-T; arkase; caustic stick.

One-ounce jars of sterile vaseline, boric acid ointment, zinc oxide ointment.

Sterile cotton and safety pins.

Rubber tissue in alcohol.

One-pound can of vaseline gauze, package of Porowax gauze, four-ounce jar of iodoform packing and tube of ethyl-chloride.

Instrument pan containing curved Kelly hemostat, 6½ inches; straight hemostat, 6 inches; scalpel B. P. No. 10 blade; probe; grooved director; small hemostat, 4 inches. Pipette; catheters Nos. 16-18.

Muslin bag pinned to carriage bar for collection of wrappers and to carry paper for waste deposit.

Pan for used instruments and gloves.

FOUR INCISION SETS in dressing room containing: Two towels; probe; grooved director; hemostat, 4 inches; pair scissors, 5 inches; pair forceps; scalpel, B. P. No. 10 blade.

Surgical Kits

TWENTY SURGICAL KITS in dressing room containing: 2 towels; pair scissors, 5 inches; pair forceps, 5 inches.

Venous Section Trays

FOUR VENOUS SECTION TRAYS, 17x14 inches, equipped with:

White enamel tray, 14x9 inches.

1,000 C.C. glass Kelly bottle, tubing.

Tourniquet.

Scalpel, B. P. No. 10 blade.

4 mosquito hemostat, 4 inches.

2 small scissors, curved and straight, 4 inches.

2 small forceps, plain and toothed, 4 inches.

1 aneurysm needle.

2 C.C. hypodermic syringe.

Medicine glass and pipette.

1 straight skin suture needle and white silk thread.

1 curved canula.

1 straight canula.

2 towels.

6 sponges and bandage.

Covered with towel and wrapped.

ONE ACCESSORY TRAY, 12x9x1½ inches:

4-ounce bottle of alcohol and green soap.

1-ounce bottle of tr. iodine and collodion.

Bottle of adrenalin chloride and digalen.

Emergency ampoules of strychn. sulph. 1/30; atropine sulph. 1/100.

Camphorated oil, caffeine sodium benzoate, 2½ per cent.

8½x3x1½-inch instrument pan containing: 2 tubes catgut No. 0 chromic;

2 C.C. Luer Kaufman syringe and needle, gauge 17, length 2 inches; 2 C.C. Luer syringe for local anesthesia.

Ampoules, 1 per cent novocain.

Container of sterile sponges.

Sterile gown, towels, sheet and gloves.

Intravenous Trays

FIVE INTRAVENOUS TRAYS, 15x10½ inches:

1,000 C.C. glass Kelly bottle and tourniquet.

ACCESSORY TRAY:

4-ounce bottles of alcohol and green soap.

Container of sterile sponges.

Kelly hemostat for tourniquet.

Roll of bandage.

Hypodermoclysis Trays

TEN HYPODERMOCLYSIS TRAYS, 15x 10½ inches:

Medium-sized enamel tray, 12x8 inches.

1,000 C.C. Kelly bottle with tubing and needles attached.

Two large needles, gauge 19, length 2½ inches.

Two applicators.

Two sponges.

Tray and bottle covered with towel and wrapped.

TWO ACCESSORY TRAYS, 8½x6x1½ inches:

4-ounce bottles of alcohol.

1-ounce bottle of collodion and tr. iodine.

Adhesive.

Lumbar Puncture Trays

THREE LUMBAR PUNCTURE TRAYS, 15x 10½ inches:

Small deep enamel tray, 14x8x1½ inches.

3 needles, gauge 17, length 3 inches; gauge, 18, length, 3 inches; gauge 19, length, 2 inches.

2 towels.

Square of cotton.

Three applicators.

2 test tubes.

6 sponges.

Bottom and top of tray covered with towel and wrapped.

ACCESSORY TRAY, 11x6x1¼ inches:

4-ounce bottles of alcohol and green soap.

1-ounce bottle of collodion and tr. iodine.

5 C.C. record syringe for local anesthesia.

Box ampoules, 1 per cent novocain.

Small container of sterile sponges.

Spinal manometer, sterile gown, sheet and gloves.

Thoracentesis Tray

ONE THORACENTESIS AND PARACENTESIS TRAY, 10½x15 inches:

Basin containing several trocars, scalpel and pair scissors.

4-ounce bottles of alcohol and green soap.

1-ounce bottle of collodion and tr. iodine.

5 C.C. record syringe for local anesthesia.

Ampoules, 1 per cent novocain.

4-ounce enamel jars of sterile cotton, sterile sponges.

Sterile gown, sheet, towels, gloves, culture tubes.

Sterile aspirating apparatus for thoracentesis.

Sterile binder, funnel and tubing for paracentesis.

Hemorrhage Tray

ONE HEMORRHAGE TRAY, 15x10½ inches:

1 Pillar retractor.

2 retractors.

6 curved Kelly's.

4 Allis.

1 straight Kelly.

2 mosquito hemostats.

1 pair scissors.

1 pair forceps.

10 sponges.

Tonsil sponges.

2 towels.

Bandage.

Catgut.

Applicators.

Covered with towel and wrapped.

Suture Tray

ONE SUTURE TRAY, 15x10½ inches:

2 towels.

10 sponges.

1 basin containing suture material: Catgut, chrom. 00; silk-worm; black silk thread; white silk thread; rubber tubing for tension sutures.

Needles: 1 aneurysm; 6 straight cutting edge; 4 curved cutting edge (small); 6 curved cutting edge (large); 1 curved cutting edge (medium); 2 J-shaped cutting edge.

5 straight hemostats.

1 curved Kelly.

1 pair scissors.

1 pair forceps.

1 needle holder.

Covered with towel and wrapped.

Vaginal Douche Trays

TEN VAGINAL DOUCHE TRAYS, 14x10 inches:

2-quart enamel irrigator.

Tubing and hard rubber vaginal douche, nozzle attached.

6-ounce solution cup, containing cotton.

Towel.

Tray wrapped and sterilized.

Gastric Lavage Trays

THREE GASTRIC LAVAGE TRAYS, 16x 10 inches:

10-quart bucket.

6-quart pitcher.

1-quart pitcher for mixing solution, mixing rod.

Small basin for lavage tube.

6-ounce jar sodium bicarbonate.

4-ounce bottle glycerin.

Medicine glass.

Rubber apron.

Lavage tube.

Catheter Trays

CATHETER TRAYS, 12x8 inches, 12 female, 2 male, 1 child's:

3x8½x1½-inch basin containing 2 catheters Nos. 12-14.

Two 6-ounce solution cups.

6-ounce emesis basin.

16-ounce enamel measuring cup.

Towel.

3 small pledgets of cotton in one solution cup.

For male catheter tray, catheters Nos. 18-20.

For children's catheter tray, catheters Nos. 8-10.

Bladder Irrigating Trays

THREE BLADDER IRRIGATING TRAYS, 14x10 inches:

2-quart enamel irrigator.

2-way tube and tubing.

8x3x1½-inch instrument pan containing 2 catheters, Nos. 14-16.

Two 6-ounce solution cups, one containing pledgets of cotton.

8-ounce emesis basin.

16-ounce enamel measuring cup.

Towel.

Tray wrapped and sterilized.

Colonic Irrigating Trays

THREE COLONIC IRRIGATING TRAYS, 14x10 inches:

4-quart enamel irrigator with two-way tubing and clamp.

10-quart bucket.

Gallon pitcher.

4-ounce vaseline jar.

8-ounce emesis basin.

Kelly pad.

Rectal tube.

Vaginal Packing Trays

THREE VAGINAL PACKING TRAYS, 14x8x2 inches:

8-inch tube of 3-inch packing.

Sim's speculum.

9½-inch uterine packing forceps.

5-inch scissors.

Peri-pad.

Towel.

6 dressings.

Cotton.

Applicators.

Covered with towel and wrapped.

Blood Chemistry Tray

ONE BLOOD CHEMISTRY TRAY, 14x 9 inches:

4-ounce bottles of alcohol and green soap.

1-ounce bottles of collodion and tr. iodine.

4-ounce jar of sterile sponges.

4-ounce jar of sterile cotton.

5 C.C. record syringe for local anesthesia.

Ampoules, 1 per cent novocain.

Sterile towels, bandage.

Instrument pan containing instruments for phlebotomy.

4 mosquito hemostats, 4 inches.

1 curved scissors, 4 inches.

1 straight scissors, 4 inches.

2 forceps, plain and toothed, 4 inches.

1 aneurysm needle.

Tube of catgut, No. 0 caromic, tourniquet.

Ear, Nose, Throat Tray

EAR, NOSE AND THROAT TRAY, 9x14 inches:

4-ounce flask of boric acid solution.

4-ounce jars of sterile sponges and cotton.

7-ounce sterile emesis basin containing two rubber douches (large and small).

Package of sterile towels.

One-half ounce bottles of: Silver nitrate Sol., 10, 15, 20, 25, 50 per

cent; argyrol solution, 10, 15, 20, 25 per cent; hydrogen peroxide; adrenalin chloride; camphor, menthol and albolene drops; phenol and glycerin, 3 per cent; ephedrin in oil, 1 per cent.

3x8½x1½-inch enamel pan containing instruments: Ear speculum, nasal speculum, nasal packing forceps, tongue grasper, pair scissors, mouth gags.

Sterile culture tube, tongue depressors and ½-inch packing.

Eye Tray

EYE TRAY, 9x14 inches:

8-ounce jar of sterile cotton and sponges.

8-ounce glass jar of sterile eye pads.

8-ounce jar of sterile boric acid solution.

Instrument pan containing sterile eye flush, medicine glass and pipette.

Sterile towels, bandage, applicators and adhesive.

The following drugs in two-dram bottles: Argyrol sol., 10, 15, 20, 25 per cent; silver nitrate, 2 per cent; mercurochrome sol., 1, 2 per cent; silvol sol., 10, 15 per cent; atropine sulphate, 1 per cent; homatropine, 1 per cent; cocaine hyd., 4 per cent; holocain hyd., 1 per cent.

Small jar of special bichloride ointment.

Tube of yellow oxide of mercury, 1 per cent.

Pre-Operative Trays

THREE PRE-OPERATIVE PREPARATION TRAYS, 8½x6x1½ inches:

8-ounce bottles of tr. green soap and alcohol.

Gillette razor, several pieces fluff gauze.

Towel and paper for collection of waste.

Mortuary Baskets

TWO MORTUARY BASKETS:

9½-inch curved packing forceps.

1 roll of muslin bandage.

One-half dozen straight pins.

Large piece of cotton.

1 package containing: Adult gown; 1 loin cloth and safety pins; 1 morgue sheet; 2 morgue tags.

1 package containing: 1 child's gown; small loin cloth and safety pins; 1 morgue sheet; 2 morgue tags.

Various Trays

VARIOUS TRAYS:

3 gastric lavage trays.

3 gastric analysis sets.

SYRINGES:

3 20-C.C. Luer; 10 10-C.C. Luer;

4 5-C.C. Luer; 1 5-C.C. record; 3

2 C.C. Luer-Kaufman; 4 30-C.C. Luer;

1 tuberculin; 1 50-C.C. Luer.

RUBBER GOODS:

56 hot water bottles.

51 ice bags.

15 ice collars.

24 air rings.

18 enteroclysis sets.

LABORATORY EQUIPMENT:

Blood chemistry carriage.

Top Tray:

Pan containing sterile sponges.

Flask of alcohol, 70 per cent.

Flask of tr. green soap.

Hemostat, tourniquet, rubber bands.

Syringes, various sizes.

Lower tray:

Important Economies Result of Central Dressing Room

By SISTER M. DE PAUL
Misericordia Hospital, Philadelphia, Pa.

SINCE we put our central dressing room into service in 1924 we have every reason to value it more and more each succeeding year. We could never imagine our hospital's functioning without it, both from the standpoint of efficiency in service and from the economical standpoint as well. We heartily recommend such a department.

We have been able to eliminate the number of trays assembled in the beginning of this service. At first we thought we needed several trays of the same type, but we soon learned that we could give excellent service without so many duplications, hence we cut down on the number.

The following are facts concerning the hospital and comments concerning the central dressing room which, we believe, will help others to understand its operation:

STATISTICS FOR 1931

Operations	3,617
Births	866
Accident cases.....	11,813
Surgical dispensary visits....	14,262

PERSONNEL: Supervisor, a graduate nurse. Assistants, four student nurses, each student serving eight weeks with duties changing every two weeks. This gives every student nurse an opportunity to become proficient in every phase of the work covered in this department. Night duty, one student nurse for two months' service.

SOURCE OF SUPPLIES, from storeroom on weekly requisitions. The limitation of requisitions is controlled by the person in charge of the storeroom.

SERVICES TO SPECIAL DEPARTMENTS:

Operating room, gauze is cut, but not folded nor sterilized. Cotton and adhesive are given in bulk.

Obstetrical department, all cotton and gauze dressings made and sterilized, also all other services rendered as in the general departments.

Out-patient department, all surgical dressings are cut, made and sterilized for accident ward and clinics, all other goods for the out-patient department and the obstetrical department are sterilized in the operating room autoclave.

SERVICES TO GENERAL DEPARTMENTS

All rubber goods required through-

out the entire hospital are controlled here. Trays for colonic irrigation, gastric lavage, blood chemistry, nose and throat treatment, eye treatment, catheterization, douches, bladder irrigation are equipped, supplied and supervised here in readiness for the nurse in charge of the patient. All other surgical dressings and treatments, including hypodermoclysis, intravenous, enteroclysis, spinal puncture, etc., are taken care of by the nurse in the central dressing room. The student on duty at night takes ice caps, hot water bottles, dressings, etc., to the department requesting them.

CONSERVATION OF TIME AND MATERIALS:

With our system a surgeon having patients on four different floors is able to complete his round of dressings with the service of only one nurse whose dressing carriage is equipped with all necessary supplies.

Under the old system four different nurses, one from each floor, and four different trays were required, thus a great deal of time was wasted for each department and for the surgeon as well. Serving as we do from four to six surgeons in this capacity daily, we save the services of from 16 to 20 individual nurses and as many trays. The intern ordinarily takes care of the dressings on ward service. For this purpose one student and one carriage is all that is necessary.

DECREASE IN COST:

Since the end of the first year of our central control of dressings and supplies, our decrease in cost of four items alone, that is, gauze, cotton, adhesive and bandage has averaged \$3,000 a year in actual cash. Until one year ago our admission of patients in the house has increased on the average of 300 a year, and in the out-patient and accident ward we are increasing constantly each year. This shows a very great saving in money.

MADE DRESSINGS:

Until recently we made all our dressings, but after having experimented with ready-made dressings for about three months we are convinced that in these two points they are a definite asset:

(1) With ready-made dressings the supervisor can give much more of

her valuable time to close follow-up on technique of treatments and dressings, as also to the care of equipment.

(2) The student benefits immensely and shows a closer application in improvement of technique.

The time of our experimenting has been too short to permit us to give any definite figures relative to changes of cost. We do know, however, that should we find the cost more, that fact alone could not outweigh the value gained in the above-mentioned points.

ADDITIONAL EQUIPMENT:

We are constantly adding equipment to the central station. We find that many items, such as a portable baby scale, resuscitation outfit, (carbon dioxide and oxygen), electric hot pack, claritor, etc., serve the purpose in a much more efficient way, as they are always in readiness and available under centralized control. If space were available we should like very much to have the splint room equipment, also the plaster cast supplies at this same station, instead of having them under the out-patient department control.

RETURN OF ARTICLES:

Students on duty in central dressing room who take trays, carriages, etc., to patient and assist the doctor are responsible for the return and checking of all equipment. Students or any person coming to central dressing room from other departments for rubber goods, solutions, or any other equipment bring the necessary requisition and are responsible for the return of articles.

A daily check is made on all rubber goods and equipment, and requisitions on file.

At night the student is responsible for all out-going and incoming goods.

GENERAL COMMENTS

Two of the carts adopted on the opening of our central service department were rather large, and after having used them for a time we found that we could dispense with a number of articles they carried. In the meantime we had divided our general wards into steel cubicles where the cart seemed cumbersome; now we use smaller carts and find them much better.

We have added to the central sta-

Dr. calls for Dressing Cart

Nurse brings cart & assists Dr.

Nurse returns to C.D.R. with cart to be replenished---in readiness for another call.

CENTRAL DRESSING ROOM

Pt. is ordered intravenous.

DR. OR NURSE CALLS C.D.R.

Nurse brings complete outfit to patient's bedside and assists Dr.

Nurse returns to C.D.R. where outfit is replenished and kept in readiness for another call.

CENTRAL DRESSING ROOM

Rubber goods - hot water bottles, air rings, ice caps, etc.; trays for treatments or any equipment used by nurses on floor duty (Special or General) are all secured, on requisition, by the Floor Nurse, who is responsible for their return to the

CENTRAL DRESSING ROOM

The diagram at the left pictures the method of operation of the central dressing department of Misericordia Hospital. It shows how the dressing room receives the order or call from the doctor, how the nurse brings the desired equipment and how after it is used, the nurse returns it to the central dressing room. The method of handling a call for intravenous service also is shown, as is the routing of various other items of equipment from the nurse in whose care they are placed, back to the central dressing room.

The diagram at the right shows the routing of various items from the time they are budgeted, purchased and received, to the central dressing room and through that department to such divisions as surgery, obstetrical department, etc., and to individuals in other departments. The other diagram pictures the similar routing of gloves, catgut, instruments and instrument repairs, direct to the operating room from the store room on weekly requisition, and to the central dressing room for other departments and individual needs.

GAUZE
COTTON
BANDAGE
ADHESIVE
RUBBER GOODS

Budget
Purchase
Receipt

STORE ROOM

C.D.R.

Operating Room
Obstetrics
Out Patient Dept.
Individual Needs throughout House

RUBBER GOODS

Individual needs for all Depts. on requisition.
Requis. checked daily.

GLOVES
CATGUT
INSTRUMENTS
INSTRUMENT REPAIRS

Budget
Purchase
Receipt

STORE ROOM

C.D.R.

Obstetrics
Out Patient Dept.
Individual Needs for entire Hospital

O.R. (Weekly Requisitions)

tion a cart for the pathological laboratory service. In the early morning a laboratory technician goes to the central dressing room where she finds all her requests. From there she goes through the hospital with the cart, which contains all the necessary equipment, and secures for the

laboratory the various blood specimens. After having finished she returns the cart with the used syringes to the central dressing room. This manner of collecting blood specimens we find to be a great saving in maintaining equipment.

Since establishing this department

we notice that a duplication of various types of equipment is found to be unnecessary, and that there is a decided tendency to place more and more responsibility on the central dressing room for the care and control of individual requirements throughout the hospital.

Drug Department Economies and Methods Are Discussed

A SUPERINTENDENT in a hospital in a small city recently asked for information regarding methods of reducing drug department loss and waste, especially of drugs on floors. This institution apparently felt that it would be necessary to make charges for drugs, because as the institution now is operated, the loss in the drug department for a recent month passed the \$200 mark.

Of four Chicago hospitals whose methods were inquired into, only one reported that it made no charge for drugs and that it included this expense in the room rate. Individual charges were strongly recommended by one of those replying.

The detailed comments on this subject follow:

"The drug department of a hospital, even though all prescriptions are filled at a drug store and there is no resident pharmacist, should not show a loss if properly managed," comments J. Dewey Lutes, superintendent, Ravenswood Hospital, Chicago. "The staff should work with the superintendent in an attempt to standardize on stock items. Those on which they do not standardize for their routine use should be purchased from the drug store. Most drug stores are willing to give a 15 to 20 per cent discount, which means that there is that much profit in it for the hospital.

"It is a very easy thing to accumulate a large stock of cathartics, which is the easiest of all to agree upon and standardize. I recall a time when I was confronted with the same situation, and upon investigation and cooperation we eliminated 32 cathartics from our stock.

"We purchase a sixteen ounce bottle of rubbing solution which is sold at a profit direct to the patient. We buy mineral oil in 55 gallon containers and bottle and label it in our own store room. We sell this to our patients at a saving of 320 per cent over the system of buying the 16-ounce bottles and selling them to the patients.

"There are many trade names names which should be very carefully eliminated in this department. One can buy the same quality under another name at a tremendous saving, which I feel should always be done.

"Very careful records should be

kept of the amount of each item used in the hospital, for this will enable the buyer to determine his quantity and very often enables him to produce a worth while saving.

"As to the showing a drug department may make, I feel this depends entirely upon buying, system and control."

"At the John B. Murphy Hospital each prescription is charged for, a little over cost price to cover extra expenses being charged," says a statement from this Chicago institution. "The patients are free to take the prescription home with them if they so wish. If the prescription is left in the hospital, it is returned to the pharmacy and as is usual the same doctor will order the same prescription within a short time. If the drug is still in good condition, that is if sufficient time has not elapsed in which the drug might deteriorate, the label is removed, a new one applied and the prescription is again used.

"We have for many years made a charge for practically all of our medication," says E. I. Erickson, superintendent, Augustana Hospital, Chicago. "Most of these charges are per dose so that on the cheaper drugs the charge is very small, usually about 2 cents. However, where this is administered three or four times or more daily, the minimum charged per day will be about 10 cents. We have found that this is the only way in which our pharmacist can keep an accurate check on the disposition of drugs sent to the floors.

"With quite a number of physicians practicing in the hospital it is

necessary for us to keep a rather large variety on each floor and there is no way that I know of except by making individual charges to keep the medication under control. Were we to raise our rates and dispense even ordinary drugs without special charge, there would be the tendency to waste, but with any system it is very necessary that the pharmacist take a very keen interest in checking the quantity of drugs dispensed, and comparing with the amount of charges made to the patients.

"Of course, all special or particularly expensive drugs and compounds are made up for the particular patient requiring them and this charge is usually made on a prescription basis. I believe that it is because of this practice that instead of a deficit we always have some surplus from the pharmacy."

"The Presbyterian Hospital makes no charge for routine drugs," explains Asa S. Bacon, superintendent. "We charge for some of the very special items, but these have to be requisitioned through the drug room so they can be properly charged to the patient. Nothing but routine drugs are kept on the floors in cabinets under lock and key and under the supervision of the head nurse. Personally I think it is a great deal better to add to the room rate to cover drugs and surgical supplies for ordinary cases than make an extra charge."

MUCH FREE SERVICE

Value of donated service of Good Samaritan Hospital, Cincinnati, O., to the sick poor during 1931 aggregated \$270,528.08, which is \$33,978.39 more than in 1930, according to the annual report. Free and part-free days equaled 70 per cent of the entire service. There were 2,045 more free days recorded in 1931 than in the previous year. Of the 22,909 patients, there were 9,222 in-patients, 1,566 births and 10,600 out-patients. The hospital reported 128,684 patient days; free, 10,934 days; part-free, 78,737 days, and full-pay, 39,003 days. The part-free patients averaged only 56 per cent of their cost.

BEDS IN CINCINNATI

An interesting study of hospital occupancy and hospital facilities of Cincinnati recently was completed by Ellery Francis Reed, Ph. D., and published by the Helen S. Trounstine Foundation. This indicates that from 1923 through 1930 a total of 907 beds was added by eight leading hospitals, including the Cincinnati General. Seven non-municipal hospitals expanded from 1,151 to 1,850 beds, while Cincinnati General grew from 715 to 923 beds. The figures, moreover, did not include 148 new beds of Christ Hospital, opened in January, 1931, nor 50 beds of the Christian R. Holmes Hospital. During the period of the study four small private hospitals closed, and in 1931 four more, a total of 296 beds.



THE HOSPITAL ROUND TABLE

Getting Donations

The superintendent of a large metropolitan hospital recently came to the conclusion that his hospital needed more contributions from the public and that such contributions would be given if some one would take the trouble to tell people about the work of the institution. He decided to try to do this work himself, with the help of his secretary. He began on January 1, and in 27 days reported that his efforts had brought in \$665. While that sum was comparatively insignificant, he said, it disclosed possibilities of such an activity and encouraged him to continue. This man believes that the time soon will come when many hospitals will employ a full time person to follow up prospective contributors.

Evening Reductions

A question arose at a recent hospital meeting as to whether a person receiving salary all in cash should receive the same per cent of reduction, if reductions were necessary, as an employee who received part pay in room and board. One superintendent who said that comparatively few personnel were on the latter basis at his institution, reported that the per cent of reduction was applied only to the cash salary in all instances. In other words a person getting \$200 a month would contribute \$10 if a 5 per cent reduction were effective, while a person receiving \$200 a month and room and board also would contribute \$10. Several other superintendents asserted that such a practice was not fair to the salaried employees, and added that in their institutions a cash equivalent to room and board was set up and this included in the percentage of reduction. One man explained that he had reduced cash salaries 5 per cent and had asked a 10 per cent reduction of the cash part of salaries paid partly in room and board.

Reduce Charges?

One local hospital association discussed at length a proposed resolution condemning the practice of reducing charges for services. When the resolution first was offered the discussion was wholly favorable and it seemed that the motion would be adopted. However, one superintendent asserted that it was not within the province of the association to attempt to fix charges, and then others arose and pointed out that if the res-

olution were adopted without any explanation as to how hospital charges are determined, there might be severe criticism of hospitals by the public and possibly by the press, especially now when so much is heard of price reductions. In the end the resolution was withdrawn, with the understanding that reputable hospitals would not attempt to underbid each other, and that such hospitals would have to do what they could in the face of reductions by unethical institutions.

Fewer Babies

With only two exceptions, a group of local hospitals recently reported material decreases in the number of babies born in 1931. One exception was a hospital which entered its new and larger building during the year, and the other was an institution which does only a small amount of maternity work which reported five more babies born in 1931 than in 1930. Some of the hospitals reported as high as a 20 per cent decrease in maternity service.

State Aid Coming?

A superintendent who is a student of administration recently asserted that the breakdown of private efforts in the field of unemployment and emergency relief in some sections was a good argument for state aid for hospitals. In the sections referred to public funds had to be voted to carry on the relief, after the private funds had been exhausted. "This will be a precedent," said this man, "and hospital associations ought to remember it, after conditions right themselves. Then they should say that private funds alone no longer should be burdened by relief of sickness, but that the state should help."

Like Library

A "library on wheels" recently was installed in Englewood Hospital, Chicago. It is a branch of the Chicago Public Library and consists of over 2,000 books. Patients who desire something to read inform the nurse, who relays the message to the librarian. A cart containing about 200 books is rolled to the bedside. An experienced librarian stands by to assist the patient in selection of books or magazines. "The response to our rolling library has been very encouraging," said Mr. Paul. "The patients express delightful satisfaction with this new convenience and there is

hardly a patient who does not daily call for some form of reading material to take up lonesome hours."

Newspapers for Patients

A number of hospitals supply patients with newspapers and have various evidences that such a practice is a good will builder. In some instances local merchants may be glad of an opportunity to pay for such newspapers, in the event the hospital desires to be relieved of this charge. In one Southern city every patient in a hospital receives a daily paper, on the first page of which is stamped the name of the store extending this courtesy, with a statement to the effect that the paper is a gift of the store "with wishes for a speedy, complete recovery."

"Staff Photographers"

Infrequently hospitals are victimized by itinerant photographers who pretend to represent a journal or organization and ask the privilege of taking pictures. Later an effort is made to sell these pictures to individuals or to the hospital. Late in January a hospital in a middle western city was approached by a photographer who claimed to be a representative of a newspaper and who asked that arrangements be made to photograph the staff. This permission was granted, and a few days later copies of the photograph were offered for sale to various individuals. Then some one thought to investigate the claims of the photographer as a newspaper representative and found out that such claims had no basis.

Bankruptcy Losses

J. E. Lander, Wesley Hospital, Wichita, Kan., has sent a copy of H. R. 7430 introduced into the 72nd Congress which amends the bankruptcy act. Mr. Lander has written to the Kansas senators and to the congressman from his district, asking their support of this measure, which he believes will materially decrease losses to hospitals for non-payment of bills by persons taking advantage of the present bankruptcy law. In his letter to the senators and congressmen Mr. Lander referred to two losses suffered by the hospital through the bankruptcy of individuals, one of whom evaded a hospital bill of \$800 and the other of \$500, although, according to Mr. Lander, both husbands continuously were employed.

Duties of Housekeeping Department at Presbyterian, New York

By JESSIE H. ADDINGTON

Executive Housekeeper, Presbyterian Hospital, New York

THE first lesson a hospital housekeeper should learn is to be cooperative; if she isn't cooperative she cannot accomplish very much. She is in constant contact with numerous people, for instance, on a ward floor she has the doctors, nurses, orderlies, maids, nurses' aids, and not infrequently the patients.

In our hospital are 731 beds—179 for private patients, 476 for ward patients, 76 for semi-private patients. I have four assistants, each responsible for a certain area. One assistant is in Harkness Pavilion, where private patients are cared for; one on the ward floors, another on the personnel floors, and the fourth in the nurses' home, Maxwell Hall.

Each assistant reports to the executive housekeeper's office all repairs on furniture, curtains, shades, rugs, lamps and drapes, also on all lights out. Every article sent to the carpenter, upholsterer, paint or electric shop must be tagged, showing when it came, and the requisition is signed by the executive housekeeper. These articles are delivered to the shops and returned by the housekeeping department.

This department also changes mattresses and pillows when a bed is vacated by the patient. These articles are taken to the fumigating room. Twice a week all bedding, blankets or patients' clothing are tagged and returned to the floor from which they came, after being fumigated. The mattress room is fitted up with an iron railing from which hooks protrude so that the mattresses may be suspended.

Each division of the housekeeping department has a budget for supplies. All supplies are requisitioned from the general storeroom on signature of the executive housekeeper. We are not supposed to exceed our budget, and if we do, we are called to the comptroller's office to make adjustments.

Each housekeeping assistant goes to the department's storeroom on her supply day and gives out supplies to her own crew. If the employe wants a new mop, pail, or brush, he or she must bring the old one for exchange.

We use unbleached gauze and old rags dyed yellow for cleaning rags. We have tried to standardize on all

cleaning material; for instance, in testing floor wax, we had four kinds applied to a given surface, tried each out carefully, and selected the wax that best stood the test.

This department is responsible for the moving in or out of all luggage. No luggage is taken from the hospital without a release slip signed by the department head.

Early in the spring the executive housekeeper goes all over the building and makes a list of the floors that require painting. This is sent to the superintendent's office to be o. k'd.

The department takes care of all the summer covers and puts away drapes and rugs, also supervises all dry cleaning.

The linens are handled from the linen control department, but it's the responsibility of the housekeeping department to see that all linens are put in the proper bags. Every floor has its laundry bag marked with floor and number. Soiled linen is placed in these bags and thrown down the chute with a slip marked with bag number and floor. The linen control then delivers to each floor the amount sent down.

Some time ago a large hospital needed an executive housekeeper. I applied for the position, but when the superintendent asked me if I had hospital experience, I had to tell him I hadn't.

He said, "Well, I'm sorry, but I cannot use you, for the housekeeper can wreck a hospital."

At that time I thought the man was mistaken, but since I have been connected with a hospital I find he was absolutely correct.

AMONG 30 HOSPITALS

G. Waite Curtis, San Francisco, hospital consultant, after a recent trip in which he visited some 30 hospitals in California and Arizona, reported that about three were having financial difficulties, and the others were either holding their own or were keeping ahead of expenses. Mr. Curtis especially commented on the large volume of service being rendered by county hospitals, but said that a few private hospitals of long standing have practically maintained their average occupancy.

TO HAVE CAFETERIA

Toledo, O., State Hospital recently obtained an appropriation to buy necessary equipment to establish cafeteria service.

Protestant Hospital Committees

A. O. Fonkalsrud, Ph. D., superintendent, Mansfield, O., General Hospital, and president of the Protestant Hospital Association, has announced the following committees:

National and State Legislation: G. W. Olson, California Hospital, Los Angeles; A. M. Calvin, Midway and Mounds Park Hospitals, St. Paul; G. T. Notson, Methodist Hospital, Sioux City; J. B. Franklin, Grady Hospital, Atlanta; J. G. Benson, Methodist Hospital, Indianapolis.

Finance: J. H. Bauernfeind, Evangelical Hospital, Chicago; Charles S. Pitcher, Presbyterian Hospital, Philadelphia; Dr. Charles S. Woods, St. Luke's Hospital, Cleveland; E. E. King, Baptist Hospital, St. Louis; Guy M. Hanner, Beth El Hospital, Colorado Springs; Thomas A. Hyde, Christ Hospital, Jersey City.

Public Relations: Herman L. Fritschel, Milwaukee Hospital, Milwaukee; Matthew O. Foley, HOSPITAL MANAGEMENT; Albert G. Hahn, Deaconess Hospital, Evansville; W. Hamilton Crawford, Clinic-Infirmiry, Hattiesburg, Miss.; Miss Lake Johnson, Good Samaritan Hospital, Lexington, Ky.; Miss Mary Miller, Presbyterian Hospital, Pittsburgh; John H. Olsen, Richmond Memorial Hospital, Prince Bay, N. Y.

Membership: Dr. Malcolm T. MacEachern, American College of Surgeons; John A. McNamara, Modern Hospital, Chicago; Asa S. Bacon, Presbyterian Hospital, Chicago; Dr. C. S. Woods, St. Luke's Hospital, Cleveland; J. H. Bauernfeind.

Nurses' Training: Miss Elizabeth Pierce, Children's Hospital, Cincinnati; Miss May Middleton, Methodist Hospital, Philadelphia; Sr. Mathilda Gradvahl, Norwegian Hospital, Brooklyn; Miss Grace Hinckley, Methodist Hospital, Brooklyn; Miss Katherine Eckerly, Evangeline Booth Hospital, Boston; Miss Charlotte Waddell, Woman's Hospital, Detroit; Miss Emelia Dahlgren, Lutheran Hospital, Moline, Ill.; Miss Jane Nash, Church Home and Infirmary, Baltimore.

Memorials: C. C. Jarrell, Wesley Memorial Building, Atlanta; John Martin, Hospital of St. Barnabas, Newark; E. I. Erickson, Augustana Hospital, Chicago.

University Training of Hospital Executives: Robert E. Neff, University Hospitals, Iowa City; J. A. Diekmann, Bethesda Hospital, Cincinnati; J. Dewey Lutes, Ravenswood Hospital, Chicago; Joseph G. Norby, Fairview Hospital, Minneapolis.

Historian: Herman L. Fritschel.

COMBINED JOBS

Dietitian-housekeeper, laboratory-X-ray technician, operating room supervisor-anesthetist are some of the combinations of duties successfully carried out by personnel of the rural hospitals in which the Commonwealth Fund is interested, according to the latest report. In these hospitals also business and medical records are handled by the same clerical staff. Individuals holding such positions require special training, it was pointed out.

NO QUORUM

A recent annual meeting of a hospital board failed to materialize because only three trustees were present, not enough to constitute a quorum.

"Balanced Budget" Helps Two Hospitals in Crisis

TWO community-type hospitals, with a high percentage of less than cost service, are located in towns which not only were severely hit by economic conditions, but were further handicapped by bank failures. The first blow was a heavy one, and when the banks closed it at first seemed that the hospitals could not possibly survive. It so happens that both institutions are in charge of superintendents of unusual ability and long experience and both for some time previously had been putting their institutions into shape to meet conditions as they developed.

With a scarcity of ready cash, on top of widespread unemployment, both hospitals, although located in different cities and without knowledge of what was being done elsewhere, decided that future operation could be carried on only on a "balanced budget," that is, accounts payable could not be increased. Working independently again, the boards and superintendents of each hospital concluded that operation would only be possible on a "cash and carry" basis, with receipts from patients and such income as might be available from Community Chests or endowments, providing working capital.

For some months now each hospital has been operating on this basis: At the end of the month, current bills are paid from receipts, and the remainder of the funds is pro-rated among personnel, as wages and salary. The seriousness of the situation and the absolute necessity of such a program first was explained to department heads and through them to personnel, and in each case the vast majority of executives and personnel agreed to the plan. A few in each hospital preferred to resign.

In one hospital the first salary paid under the plan was 80 per cent of the agreed salary, but for the second monthly period 90 per cent of salary money was available after all current bills had been met, and for several months this 90 per cent was continued. More recently it has been possible to pay the full salary and indications are that this condition will prevail from now on.

The other hospital was much more seriously affected by bank failures than the one whose experience was described above. Overnight many fortunes were lost and huge sums

tied up, and even now, several months after the bank closed, funds may be withdrawn only at a very small rate each month. Endowment funds were reduced and no assurance could be had that Community Chest payments could be continued.

News of the decision of the hospital to go on a "balanced budget" was announced to the personnel in a notice reading in part as follows:

"If we are to continue to operate, we must pay for provisions, coal, medicine, etc., as merchants are in the same position as the hospital. Therefore, effective at once, all regular rates of salaries and wages will be cancelled, except to student nurses and interns. As soon as the First National Bank opens we will pay in full up to and including last week. We will pay a small percentage of the regular pay this week. At the end of the month we will set aside a sum to pay current accounts during the previous month and the balance of the cash will be distributed to all employees, the amounts to be determined by the present rates of pay, except employees living in and receiving full maintenance will receive less than employees living outside the hospital. This will be effective only until some plan can be arranged for financing the hospital, when salaries and wages will be restored to present rates."

Thus far the smallest payment of salaries in cash by this hospital was $33\frac{1}{3}$ per cent for a semi-monthly period to employees living in, but the next payroll reached 75 per cent, and it has averaged between 50 and $66\frac{2}{3}$ per cent since then.

Both hospitals have continued to operate without increasing accounts receivable and both have every reason to believe that normal conditions as to salaries will soon be restored.

Both superintendents commented

on the lessons that the crisis have taught all connected with the institutions, and one sums up these views thus:

"We stressed the matter of greater economy in requisitioning and using of supplies. The results in this respect were also very gratifying and I have frequently stated during the past few months that it seemed to have been a very good thing for the hospital to have been subjected to the extreme necessity which existed and I believe that there will be a very wholesome permanent reaction on hospital operating expenses."

Hospital Calendar

Council on Medical Education and Hospitals, American Medical Association, Feb. 15-16.

Iowa Hospital Association, Sioux City, March 9 and 10.

Ohio Hospital Association, Akron, March 15-16.

Pennsylvania Hospital Association, Pittsburgh, March 15-17.

Texas Hospital Association, Dallas, April 8-9.

American Nurses' Association, San Antonio, Tex., April 11-15.

Tennessee Hospital Association, Memphis, April 18-19.

Southern Methodist Hospital Association, Memphis, April 20.

New Jersey Hospital Association, Atlantic City, May 3-4.

Hospital Association, State of New York, New York City, May 5-7.

American Medical Association, New Orleans, May 9-13.

Michigan Hospital Association, Flint, May 17-18.

Joint meeting, Virginia, North Carolina and South Carolina Hospital associations, Richmond, Va., May 17, 18 and 19.

Minnesota Hospital Association, St. Paul, May 23-25.

American Society of Radiographers, St. Louis, May 24-27.

Western Hospital Association, Salt Lake City, June 14-16.

Catholic Hospital Association, Villa Nova, Pa., June 21-24.

Northwest Texas Clinic and Hospital Managers' Association, Ft. Worth, 1932.

American Protestant Hospital Association, Detroit, September 9-12.

American Hospital Association, Detroit, Mich., September 12-16.

American College of Surgeons, St. Louis, Mo., October 17-21.

Ontario Hospital Association, Toronto, October 26-28.

MUST TRY HARDER

"The competition with unemployment funds has been so great that a number of hospitals have postponed efforts to raise money through public appeals," says Homer Wickenden, general director, United Hospital Fund, New York. "I am inclined to believe, however, that money can be secured through this source, notwithstanding the competition, but the hospitals will have to make greater efforts than usual to get it."



15 Years Ago—THIS MONTH—10 Years Ago

From "Hospital Management," February 15, 1917

Leading article reports organization of base hospitals by 21 leading civil hospitals of United States.

Asa S. Bacon, Presbyterian Hospital, Chicago, has article on "Bacon plan" hospital building.

Some out A. H. A. committee chairmen for 1917: Michael M. Davis, Boston City Dispensary, outpatient; Richard P. Borden, Union Hospital, Fall River, Mass., constitution and rules; Dr. George O'Hanlon, Bellevue and Allied Hospitals, New York, legislation.

From "Hospital Management," February 15, 1922.

Michigan Association endorses National Hospital Day.

New England Association formed.

Asa S. Bacon resigned as A. H. A. treasurer because he was elected president-elect. A. H. A. trustees pick Atlantic City for 1922 meeting.

Today's Problems to Be Stressed on Salt Lake City Program

By B. W. BLACK, M. D.

Medical Director, Alameda County Institutions, Oakland, Cal.

THE Western Hospital Association at its meeting in Salt Lake June 14, 15 and 16 will present a most practical and well-developed program, the general theme being hospital problems and the present economic situation.

Speakers are being requested to take subjects in line with this problem. This theme is meeting with a great deal of interest and much satisfaction is being expressed because of the nature of the program.

With these days of economic stress there comes to every hospital administrator trying problems to solve which, under ordinary conditions, do not present themselves. The combined experiences of all hospital executives in the west, together with the contributions to be made by men who have solved many of these problems in the east, will make the program practical as well as inspirational.

Considerable attention will be given to the question so often discussed: should private hospitals operate nursing schools? and by contrast another speaker will discuss the operation of the private hospital with the use of graduate nurses only.

At this time the private hospital is distinctly anxious concerning the responsibility for personal care of patients exercised by various governmental agencies. It is proposed to discuss in a practical way the state's responsibility for the care of patients as well as other unit governmental agencies. In this connection the subject of the handling of emergency

cases and the pay for emergency care will be given attention and a speaker will develop this subject.

Each general session, after a short intermission, will be followed by a round table, when the various details of the subject matter presented at the general session may be developed through questions and answers as well as the opportunity for individual viewpoints to be considered.

An effort will be made to stimulate superintendents to make the hospital a more useful factor in the community along the teaching lines. Research in a hospital ordinarily is considered to apply only to the research in clinical medicine. Round tables will devote some attention to better methods of administration; modern ways of handling maintenance and repair; the importance of developing a housekeeping department and its

relative usefulness; the place for social service in the hospital and the method of securing and performing autopsies and their value as a part of the teaching function of a hospital.

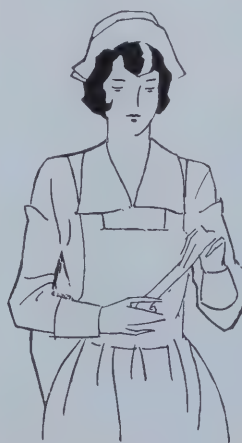
The session will be concluded with certain inspirational addresses bearing upon the product of the efforts of the modern hospital translated in terms of service. In addition to these important themes a splendid program of entertainment, social relaxation, sightseeing, and other recreational facilities will be offered by Salt Lake City.

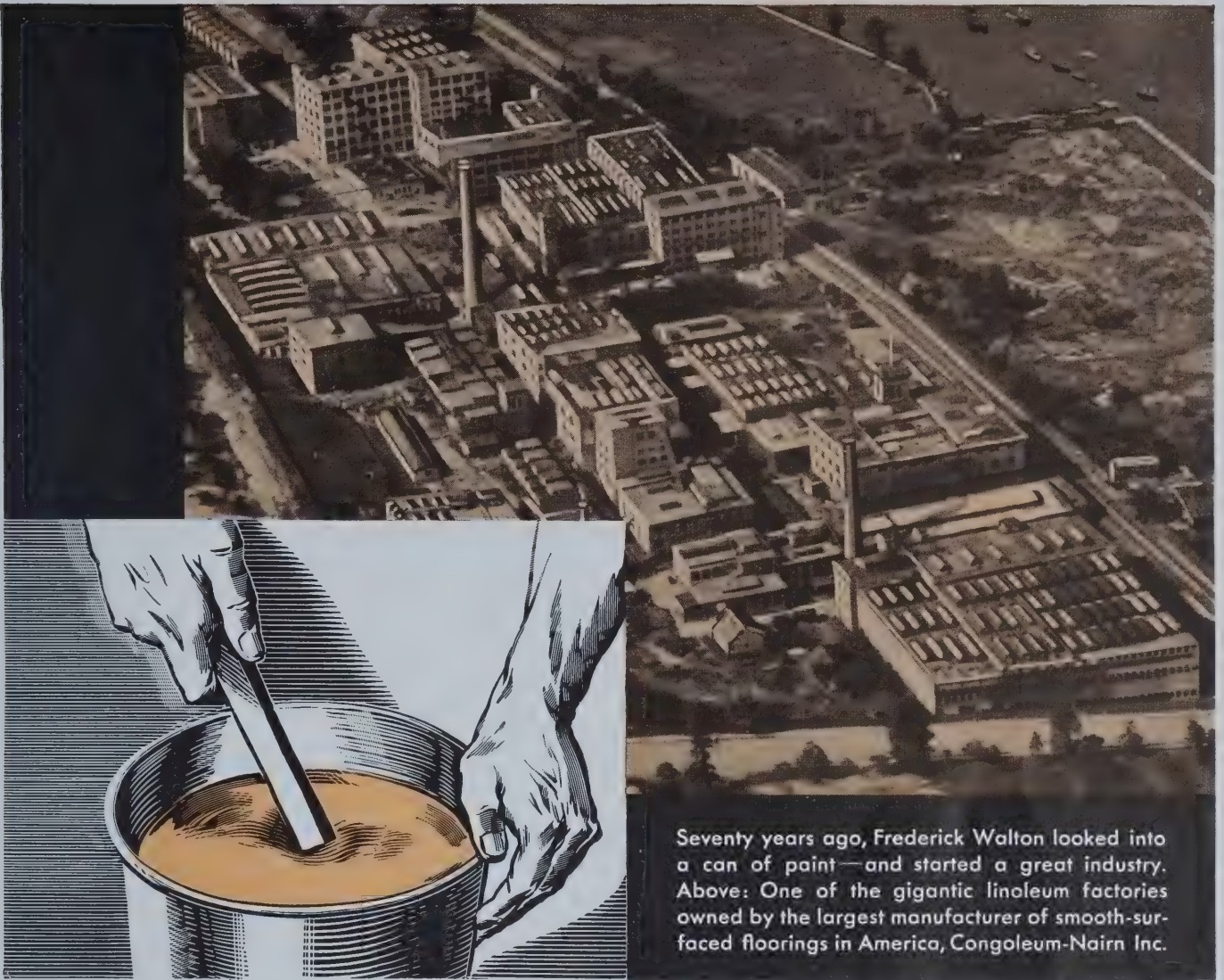
HOUSEKEEPERS MEET

With Miss Honora Carney, executive housekeeper of the Hospital for Joint Diseases as hostess, New York Chapter, National Executive Housekeepers' Association, a gathering of nearly 100 executive women from hotels, hospitals and clubs recently enjoyed a splendid program. Dr. J. J. Golub, superintendent of the hospital, outlined in entertaining and graphic fashion the fundamental differences and similarities of the hospital housekeeper's work and that of the executive in the hotel or club. H. R. Van Saun gave a talk on the manufacture of blankets, how to test the strength of blankets, proper laundry methods, etc. He recommended for hospital and hotel use a 50 per cent wool and 50 per cent cotton warp blanket, emphasizing that this must be pure wool. Miss Margaret A. Barnes, Roosevelt Hotel, national president of the association, announced that the board of directors had with regret accepted the resignation of the national treasurer, Mrs. Adele Oxley, on account of ill health. Mrs. Emily Barton, Hotel Dixie, was appointed treasurer in addition to her duties as recording secretary. A copy of Crete M. Dahl's book, "Housekeeping Management for Hotels, Hospitals and Institutions" was given Mrs. Oxley in appreciation of her fine work for the N. E. H. A.

MICHIGAN MEETING

Louis J. McKenney, trustee, Highland Park General Hospital, and president of the Michigan Hospital Association, announces that the 1932 meeting of that body will be held at Flint May 17 and 18.





Seventy years ago, Frederick Walton looked into a can of paint—and started a great industry. Above: One of the gigantic linoleum factories owned by the largest manufacturer of smooth-surfaced floorings in America, Congoleum-Nairn Inc.

A long way from a can of paint!

A young man stares earnestly at the gummy film which has formed on the paint in an open can. What is it? Is it good for anything? Experiments followed. Young Frederick Walton combined this rubber-like substance (oxidized linseed oil) with this and that—finally with ground cork. And an amazingly useful new floor had been discovered—linoleum.

That was in 1863. Only a few years later, linoleum came to America. Ground was broken for the beginning of the great factory illustrated above—today the home of Sealex Linoleums.

It would take more room than we have here to tell the whole story of linoleum progress. Let us finish what we have begun by sending you two books:

The first is a *book of pictures*—containing fifty-

one actual photographs of modern, resilient floors in many different types of buildings. It will show you what distinctive effects may now be inexpensively achieved with these materials.

The second is a *book of facts* about hospital floors—written by architects. It gives you information that makes for *intelligent buying*.

Both books are free. Write for them today—and for full information on our Bonded Floors installation service, in which Sealex materials are backed by Guaranty Bonds.

CONGOLEUM-NAIRN INC. . . . KEARNY, NEW JERSEY



"Not Trustee's Job to Go Over Head Of Hospital Superintendent"

"No Director of Corporation Would Go Over Head of General Manager," Says President of Hospital Board; Urges Board Members to Give Hospital Benefit of Business Experience

By WILLIAM C. GEER

President of Board, Ithaca Memorial Hospital, Ithaca, N. Y.

TO trustees it is an outstanding observation that the hospital movement has entered into the field of big business. The 7,000 hospitals with a capital investment of over three billion dollars indicate clearly that if these institutions are to be managed as they should be, the trustees are responsible for the adaptation to each of them of those principles of organization and management which have made business elsewhere a success.

Mr. F. L. Braman, president, Charlotte Hungerford Hospital, Torrington, Conn., covered this same idea in his statement that trustees should take the same interests in the hospital that they do in their business, that they should give to it time and effort. Put in other words, the hospital has ceased to be a charity to which a gift of a few jars of jelly is able to satisfy either the conscience of the giver or the needs of the institution. Hospitals need to be considered today as vital public necessities to be organized and managed according to sound methods well known in industry, although, bear in mind, that the product and the objective are different, just as the steel business is different from the merchandise business, and although these business methods are essential, the charitable activities of the hospital distinguish this scheme from that of any profit-making organization. Nevertheless, the fact that charity has worked out in the form of free beds, low ward rates and other reasons for losses, in no way can excuse or explain casual or careless management.

To accomplish good organization, the trustee should understand the business of hospital care. As Mr. Braman put it, he should have a broad view of the needs and aims of the institution. My notion is the same, only I would use the words that the responsibility of each trustee

From a discussion at 1931 American College of Surgeons hospital conference, New York.

The Problems of a Superintendent

"The trustees and general public have a very small conception of the problems to solve and the details of operation that must be met by the superintendent, to have harmony, cooperation and efficiency which is necessary to successfully serve the patients of the hospital. The purpose of this hospital is to care for the sick and relieve their distress, with or without pay. No one is, nor should be, turned away for lack of funds. Every person should and will pay the cost of service if possible. Under the present stress of the times there are few in the hospitals as luxury patients, all are of necessity, and some are unable to pay cash. The county pays part costs on some patients. They should pay full cost of patients. The county doesn't get merchandise or other service for less than cost."

From annual report of board of Passavant Hospital, Jacksonville, Ill.

lies in gaining by reading, by attendance at the meetings, or by actual efforts in the management of the hospital, a concrete, definite knowledge of what it is all about, and therefore acquire the basis for the carrying out of his responsibilities. It is probably not necessary for each trustee to serve as acting superintendent, as I did for some five months, because my particular experience was one of those that came about because of a rather fortuitous circumstance. Nevertheless, that experience did give me an intimate knowledge of hospital practices which has proved to be very valuable in assisting me to execute the duties of my office as trustee.

Trustees, however, either in gaining knowledge of hospital management or in executing their responsibilities should never attempt to carry out or direct any policy over the head of the superintendent or any other active employee. I have no sympathy whatsoever with the

trustees attempting to direct details when there is a superintendent whose duty it is to carry out such matters. The principles of sound organization apply. No director of a corporation would, in his right mind, think of going over the head of a general manager or superintendent and giving orders directly to a factory foreman. No more so should a trustee give his orders to any except the hospital chief executive, namely, the superintendent.

The further responsibility which trustees should assume is that of courage enough to decide upon sound policies and see that the superintendent carries them out. There should be, of course, full co-operation between superintendent and trustees, but if there be sound policies having to do with collection of accounts, reception of patients, or any other matter, the trustees should pursue precisely the policy that they would as directors of corporations, basing their directions upon careful analyses as to fact and then see that the plans are put into action.

There is great need, in my judgment, among the hospitals of this country for trustees to be more responsible and more active along the lines of sound business practice.

DR. MAGNA DEAD

Dr. Clamor H. Magna, Jr., superintendent of Kings County Hospital, Brooklyn, and a participant in recent A. H. A. conventions, died suddenly January 27. Associates attributed his death to the severe physical and mental strain under which he had labored in connection with the construction and equipment of the new \$7,000,000 hospital building which he was to open in the summer.

SOUTHERN MEETING

Alabama, Arkansas, Kentucky and Tennessee hospital executives will hold a joint meeting in Memphis April 18 and 19. It is hoped that this gathering will be of material aid in arousing further interest in each of the state associations, as well as in bringing to the area a greater realization of the importance of hospital service.

THE STAFF SAYS, "FINE"

THE BUDGET ADDS, "O.K."

OF COURSE your staff wants more and more radiographs. For x-ray service provides some of their most dependable diagnostic information. To care for patients effectively . . . to build reputation and good-will for your institution, the members of your staff should have available all possible radiographic information to assist in completing diagnoses.

When Eastman Ultra-Speed and Diaphax X-ray Films are used, they have the advantages of better radiographs, and still costs are kept low. These films are sensitive,

fast—they record sharp detail even of soft tissue and parts that cannot be immobilized. Their uniformity facilitates standardization in exposure and processing. Fewer retakes are necessary; materials, time, wear and tear on tubes and equipment, are saved.

Eastman Ultra-Speed and Diaphax X-ray Films may be obtained on *safety* or *nitrate* base. They have every desirable characteristic, yet cost no more than ordinary films.



**EASTMAN X-RAY
FILMS**—the accepted radio-
graphic media the world over

EASTMAN KODAK COMPANY, Medical Division,
341 State Street, Rochester, N. Y.

Gentlemen: Please send me the free booklet, "X-rays in Medicine."

Name _____

Institution _____

No. & St. _____ City & State _____

Teaching the New Attendants Use And Care of Equipment

Central Islip, N.Y., State Hospital Finds Instruction of Employes By Lecture and Demonstration Valuable; Text of Lesson On Handling of Supplies

By MARGARET GIVNEY

Superintendent of Nurses, Central Islip State Hospital, Central Islip, N. Y.

THE following articles are shown to the new attendant in the demonstration room of the nurse school: stomach tubes, enema tubes, catheters, feeding tubes, feeding cups, sputum cups, bed pans, urinals, basins.

Stomach tubes: When in use, are to be kept hanging up free from all kinks or bends. (Demonstrates how they should hang.)

Getting them ready for use: Rinse thoroughly with cold water, fold into a towel and put in an enamel basin in which you have also an extra towel and lubricant. These tubes are used to wash out a patient's stomach. When the doctor has finished, the tube is withdrawn and the nurse receives it in a waste receiver (gray basin), takes it to the water section, where it is washed thoroughly with cold water inside and out, then it is washed with warm water and soap, rinsed again with cold water in order to get all the soap off. Soaps, sodas and greases are all injurious to rubber. Oils and greases cause it to become soft and partially dissolves it. Acid rots or corrodes it; prolonged exposure to heat destroys it. Sand soap or any of the gritty cleansers are injurious and should not be used.

After you have washed thoroughly any rubber appliance, such as stomach tubes, feeding tubes, soft rubber rectal tubes, rubber catheters or rubber tubing of the fountain syringes as above instructed, they can be boiled in salt water (normal salt solution is explained) for five minutes. Salt water hardens rubber.

Enema tubes: We have two kinds: rectal tube or colon tube, and the small hard rubber rectal tip. The rectal tube is prepared for use by boiling in salt solution, wrapped in a sterile towel or put into a sterile basin. After use it is cared for as the stomach tube, washing from the eye down inside and out, then it is laid in a solution of Lysol, 2 per cent, for at least 30 minutes, rinsed with cold water and hung to dry. In hanging

Central Islip State Hospital, Central Islip, N. Y., in its annual report refers to the value of a course of lectures and demonstrations of the use of supplies and equipment for new attendants. Through the courtesy of Dr. G. A. Smith, superintendent, the accompanying notes of one of the lectures are made available to readers. While of special interest to state hospital executives, the information as to methods of handling and care of materials and supplies listed also will be of interest to executives of general hospitals.

these tubes up, either hang them so they will be perfectly straight or spread over a folded towel; do not hang them so there will be a sharp angle in them, as this would soon crack the tube. The hard rubber rectal tip is cleansed after use with cold water, then warm water and soap. Put in a jar of Lysol solution, 1 per cent. The tips are rinsed with hot water before use. If we are using these rectal tips constantly we keep a supply in a weak Lysol solution, rinsing them with sterile water before use. (We take the sterile water from the small electric instrument sterilizers on the wards.) We do not boil hard rubber appliances, as the boiling water causes the rubber to soften. The articles will lose their shape if not very carefully handled. All rubber appliances that can be boiled are wrapped in a piece of condemning and boiled in this manner.

Catheters: We have three kinds—metal, glass, and rubber. We use the metal and rubber mostly. The metal catheter is boiled in a solution of soda carbonate (washing soda) before use. It is put into a sterile boat containing sterile boric acid solution. The catheter is used from this water and soap. The water is let run through them

from the eye down and they are again boiled for 20 minutes, dried and put in place. Rubber catheters are prepared for use by boiling in salt water for five minutes, then put in a sterile boat containing sterile boric acid. They are used from this solution. After use, these catheters are washed from the eye down with cold water, inside and out, then with warm water and soap, rinsed thoroughly with cool water, put into Lysol solution, 2 per cent, for at least 30 minutes, taken out and hung up to dry.

If we have to use glass catheters, they are prepared for use by wrapping them in a piece of condemning, put into cold water, and when the water has reached the boiling point we let them boil five minutes, remove them to a sterile boat containing sterile boric acid solution (hot). They are used from this solution. After use, they are washed in tepid water from the eye down, then in soap and warm water, wrapped in the piece of condemning and boiled for five minutes, dried and put away.

Feeding tubes are prepared for use by rinsing thoroughly with cold water. In fact, we rinse them with ice water and very often for fussy patients we put the tube (the part that goes into the stomach) on a cake of ice until the doctor is ready to use it. Then it is put into a towel and placed in a basin with a lubricant. After use it is put into a gray basin and taken care of with the same procedure as the stomach tube.

We also have a glass drinking tube which we use in our sick employes' department. We have an individual tube for each patient. We clean them by letting tepid water run through and rinse thoroughly. We boil them all once each day by wrapping them in a piece of gauze so that they do not touch each other. They are put in cold water and let come to a boil and boiled five minutes. If there is time we let them stand in the water in which they were boiled



Oh, dry those tears!

Thomas of the fretful wails, of the overflowing eyes, is about to reform. He's going to change from a deep-dyed pessimist into a little ray of sunshine.

Instead of saying to each other, "My, what a cross baby," the upstairs neighbors are going to say to Thomas's mother, "My, what a nice little boy you have, Mrs. Alberti."

The truth cannot be concealed. Thomas *was* a cross baby. But he couldn't explain that he hated the world because he found it a very hot, prickly place.

It took the visiting nurse to remove the stiffened and shrunken (and none-too-clean) woolens that were making Thomas miserable. (She shook her head sadly with little tut-tut sounds when she saw how chafed he was too.)

Then she looked carefully at Thomas's bath soap.

"Castile," said Mrs. Alberti anxiously, watching the nurse's face.

"No," said the nurse gently, "it isn't real castile."

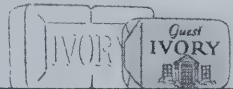
She didn't explain that it is difficult and always very expensive to buy real castile nowadays. Or that many soaps sold as castiles are made of inferior materials and are very crudely manufactured. Instead, she sent Joseph Alberti to the next-door delicatessen for a cake of Ivory Soap.

Mrs. Alberti admired the smooth, white cake and smelled it and touched it. She said, "Yes, yes," and promised to use it on Thomas. And very earnestly said, "Yes, yes," when the nurse told her to wash his clothes with it too—every day—to keep them soft.

So it looks as though life is going to be brighter for Thomas.

IVORY SOAP

99 $\frac{4}{100}$ % PURE • "IT FLOATS"



©1920, P. & G. Co.

KIND TO EVERYTHING IT TOUCHES

Ivory Soap's advantages are being presented regularly to the readers of the "American Journal of Nursing" and the "Trained Nurse and Hospital Review" in interesting advertisements of which this is typical.

During the last half century Ivory has won the unqualified approval of medical authorities as an ideal soap for cleansing safely the tender skins of tiny babies. In the hospital, Ivory's gentleness has proved equally helpful in adding to the comfort of adult patients.

Ivory baths give fretful patients a brighter outlook on life, too

No one can better appreciate the importance of gentleness in the care and treatment of fretful patients than hospital authorities.

Hospital authorities agree that Ivory Soap is unusually gentle in its cleansing action—so gentle, in fact, that it is recommended for babies by physicians generally.

Ivory is pure and neutral; free from causticity. Its lather is bland and soothing. It has no perfume to offend sensitive nostrils.

When you consider that Ivory has won the hearty approval of so many leading hospitals in this country, you know it must be because of proven merit—tested by actual experience.

Ivory does a soap's honest duty—it cleanses the skin . . . thoroughly, agreeably, and safely.

Can you ask more of *any* soap?

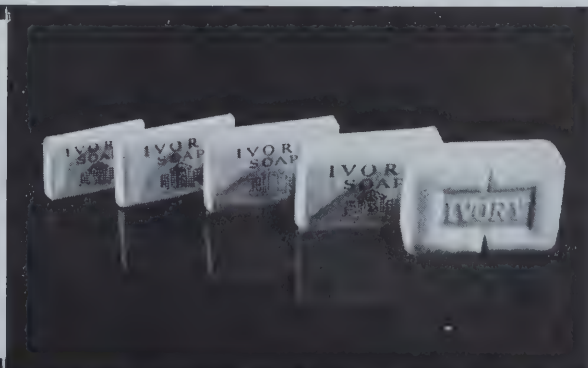
Procter & Gamble

Cincinnati, Ohio

Miniature Ivory

Ivory Soap for hospital use may be had in a choice of five convenient, individual service sizes—from $\frac{1}{2}$ ounce to 3 ounces. Ivory's superb quality makes it equally suitable for patient or hospital personnel.

Free sample cakes of the five miniature sizes of Ivory Soap will be mailed free to any hospital superintendent.



until cold, when they are put back into the rooms.

Feeding cups: We have two types, the porcelain with the long bill and the "Ideal" glass cup. The porcelain cup after use is washed in warm soapy water, using a small brush for the bill, rinsed in boiling water, and left ready for use. The "Ideal" cup is washed after use in warm soapy water, rinsed in boiling water, and left ready for use. In cases of contagious or infectious diseases, all dishes are kept separate and the nurse who is caring for such cases puts all used dishes into a solution of Lysol for one hour before they are washed. This Lysol solution is then thrown down the hopper. All leftover foods from such patients is wrapped in newspaper and burned. All leftover fluids are put into the Lysol solution. The nurse taking care of these cases must observe all precautions in regard to isolation quarantine. She is held strictly responsible for the care of the patient's bedding and all relating to the case.

Sputum cups: We use paper cups. These are collected in a large paper bag and burned. We use an old thumb forceps to pick them up with and put them in the bag. This forceps is washed with soap and water and boiled after use. It is then kept in a solution of Lysol, 1 per cent, in the charge of nurse's care.

Bed pans: These are taken to the patient after they are warmed and covered. We warm them by letting the hot water run over them in the utility room, dry them, cover them with a bed pan cover, and take to the patient. (The method of giving and taking a bed pan is here demonstrated.) After the patient is finished, the pan is removed and covered, taken to the utility room, placed in the pan emptier, washer and sterilizer. (This procedure is taught on the ward.) On the wards where the old fashioned bed pans are still in use, the new attendant is instructed that these pans are to be taken to the patient warmed and covered. When the patient is finished, the pan is removed to the hopper room and emptied, then rinsed well with cold water, then the scalding water is let run over them in a large sink while they are scrubbed with brown soap and a brush kept for that purpose. They are then put in the utensil rack. Each morning they are put into a disinfecting solution in the large sink.

Urinals: We have porcelain and glass. After use these vessels are rinsed with cold water, then washed with hot water and brown soap, using a brush; they are then put in the utensil rack. As with the bed

pans, the urinals are put into a disinfecting solution for one hour each morning. (This procedure is taught on the wards.)

Basins: We have various kinds of basins (all of which are shown to the new attendant). All are shown to the new attendants in the demonstration room and they are told how to care for them.

Solution basins are used in the dressing rooms, clinic and surgery. Sponge basins are also used in the dressing rooms, clinic and surgery, as are instrument basins. These are boiled at least one-half hour before use. We also boil the large trays used for treatments. After use these basins are washed with soap and water (hot), and left ready for next day use. We always keep sterile basins in the utensil sterilizer.

Vomitus basins are large, deep curved basins, used in cases where the stomach is being washed out and where there is much vomiting. These basins are washed in cold water after use, then warm water with soap and boiled.

Kidney shaped basins are used as waste receivers in all treatments. They are also called emesis basins; they are always used on bedside table of an anesthesia case.

Triangular basins are also used as waste receivers. We use them when we irrigate the ears, noses and throats. You can adjust to any angle you want them. The kidney and triangular basins are washed with cold water after use, then hot water and soap, then boiled.

Comb and brush trays are used when combing the patient's hair, the tray is a deep one and we keep the combs in a solution of carbolic acid (5 per cent). These trays are also washed with soap and hot water. They are boiled as required.

Toilet or face basins are of gray agate and are used for the bed patient's toilet purpose. They are kept clean by scouring with soda and hot water. Foot baths are used in combination with the toilet basins to give bed baths to patients who are too sick to be taken to the bathroom. They are also used to give hot foot

baths, mustard foot baths, etc. These foot baths are cleaned as the toilet basins. Dust basins are round tin basins used for all cleaning purposes, such as washing off the head and foot pieces of the beds. Any dirty spot that soap and water will take off, the tin basin is used for.

All of the above material is shown to the new employe and demonstration as to their care and uses as far as possible.

The writer also took up with the new employe the care of ice caps, ice collars, hot water bags. Method used in filling and care of each, how dried and put away.

Hospitals Lose in Insurance Plan

The widespread interest in some form of insurance or of cooperative financing that will make possible the payment of hospital bills through a small monthly or annual membership fee apparently has resulted in the organization of a number of companies to sell memberships in hospital service schemes to the public.

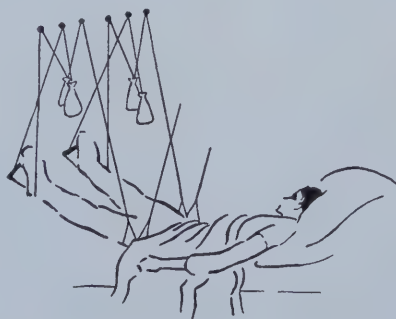
These firms guarantee the payment of a certain sum, or of hospital expense up to an agreed amount or for a certain period, to members of organization. Hospitals are contacted to furnish needed service, for which the hospital insurance company agrees to pay a specific rate.

According to one experienced superintendent who has been asked to cooperate with one such organization, several hospitals have been unable to collect in full sums due them for service under such contracts, one hospital insurance company asserting that membership dues have not been paid as agreed and that, accordingly, there are no funds with which to pay the hospital as originally agreed.

In mentioning the experience of these hospitals, this man, of course, does not attempt to speak for all such agencies as described, but he believes it would be a good thing for any hospital approached by such an agency to make close inquiry before entering into any agreement.

CITY SUGGESTS RATES

A southern city hospital committee recently attempted to persuade non-municipal institutions in the community to reduce rates on a plane equal to that of the city-operated hospital. The privately owned institutions pointed out that they had certain expenses which were borne by the taxpayers in the operation of the city hospital. The city hospital, however, insisted on reducing rates, and recently the privately owned institutions revised their charges on a proportionate basis.





The Blackstone, Chicago



Hotel Cleveland



The Shoreham, Washington, D. C.



The Brown Hotel, Louisville



*Not a dollar has ever
been paid for a SPRING-AIR
testimonial*

The greatest
SELLERS OF SLEEP
*...are proving their preference
for...*

SPRING-AIR

Good hotels vary in many degrees of service and atmosphere but they are alike in that they *sell sleep*.

A case in point, then, for you who use sleep as a fundamental part in rebuilding health, to compare notes with those who make a business of selling sleep.

The facts are quite plain. SPRING-AIR has won preference in the Hotel field just as it has won preference with the finest Hospitals. Such famous hotels as The Claridge at Atlantic City, The Shoreham at Washington, D. C., Hotel Cleveland, The Brown at Louisville, and the Blackstone at Chicago are typical of the institutions that have demonstrated their SPRING-AIR preference by buying and re-buying.

This is the type of testimonial that is real and worth while: in less than four years the SPRING-AIR Mattress has been installed in more than one thousand of the nation's leading hotels and hospitals.

There is only one sharp point of difference in SPRING-AIR's record in the Hotel and Hospital fields. There are *many* types of mattresses that compete for the hotel order. Outstanding victory for one product is harder to achieve. In the Hospital market there *are* competing mattresses but there is only one SLEEP CUSHION TYPE and that is SPRING-AIR. And it is the sleep cushion type that is especially suited to hospital demands.

You can demonstrate SPRING-AIR's superiority in actual test service in your own hospital. Communicate with the secretary at Holland, Michigan, to secure a sample for testing purposes.

MASTER BEDDING MAKERS OF AMERICA

FACTORIES IN FORTY PRINCIPAL CITIES

The secretary at Holland, Michigan, will direct inquiries to the nearest source of supply

HOSPITAL MANAGEMENT for February, 1932

Grinnell Community Hospital Insurance Plan Pays Its Way

116 Persons Cared for in 1931 Under Scheme That Has Been Effective for Ten Years and Income Exceeds Cost to Institution; Facts About the Program, and Charges

By ESTHER SQUIRE

Superintendent, Grinnell Community Hospital, Grinnell, Ia.

HOSPITAL insurance has been in effect at Grinnell Community Hospital for approximately ten years, and in view of the growing interest in this method of helping the public to meet hospital expenses, the following information has been prepared at the request of HOSPITAL MANAGEMENT:

The fees charged are \$8 for an adult, \$12 for a husband and wife, \$5 for a child under 18 years and \$2.50 for each additional child in a family. This fee entitles the person insured to free hospital care for a period not to exceed three weeks in a given 12-month period. The service includes board, room and nursing care, and does not include operating room fee, delivery room fee, X-ray, laboratory, dressings or special nurse.

In obstetrical cases, the hospital service is limited to two weeks and an extra charge of \$10 a week is made, in addition to a charge of \$1 a day for the baby.

The insurance becomes effective 15 days after the payment of the fee and terminates at the end of the year unless another payment is made. If the insurance is allowed to expire, a period of 15 days must elapse before it becomes effective on reinstatement.

Persons meeting these conditions are given a ticket which reads:

"On the advice of the physician in charge, this entitles..... to free hospital care for a period not to exceed three weeks. The service includes board, room and nursing care. Does not include operating room fee, delivery room fee, X-ray, laboratory, dressings or special nurse.

"This service in effect, 19...., and terminates 19....

"The fee of is hereby acknowledged.

"GRINNELL COMMUNITY HOSPITAL ASSOCIATION

"per"

Holders of these tickets are admitted to the hospital and discharged only on the advice of the physician



in charge. Ticket holders may again be admitted to the hospital during the year if the three weeks were not used on first admission.

Contagious cases are admitted according to the conditions named, subject to an additional \$10 a week.

Approximately 3,000 people have taken out this type of hospital insurance since the plan was put into effect.

In checking over the report of the hospital for 1931, the following was disclosed as to the working of the insurance plan:

People holding insurance tickets, in good standing, 302.

Number of insurance patients ad-

mitted to hospital, 116.

Average days' stay of insurance plan patients, 11.6.

Total hospital income from insurance patients, \$6,290.93.

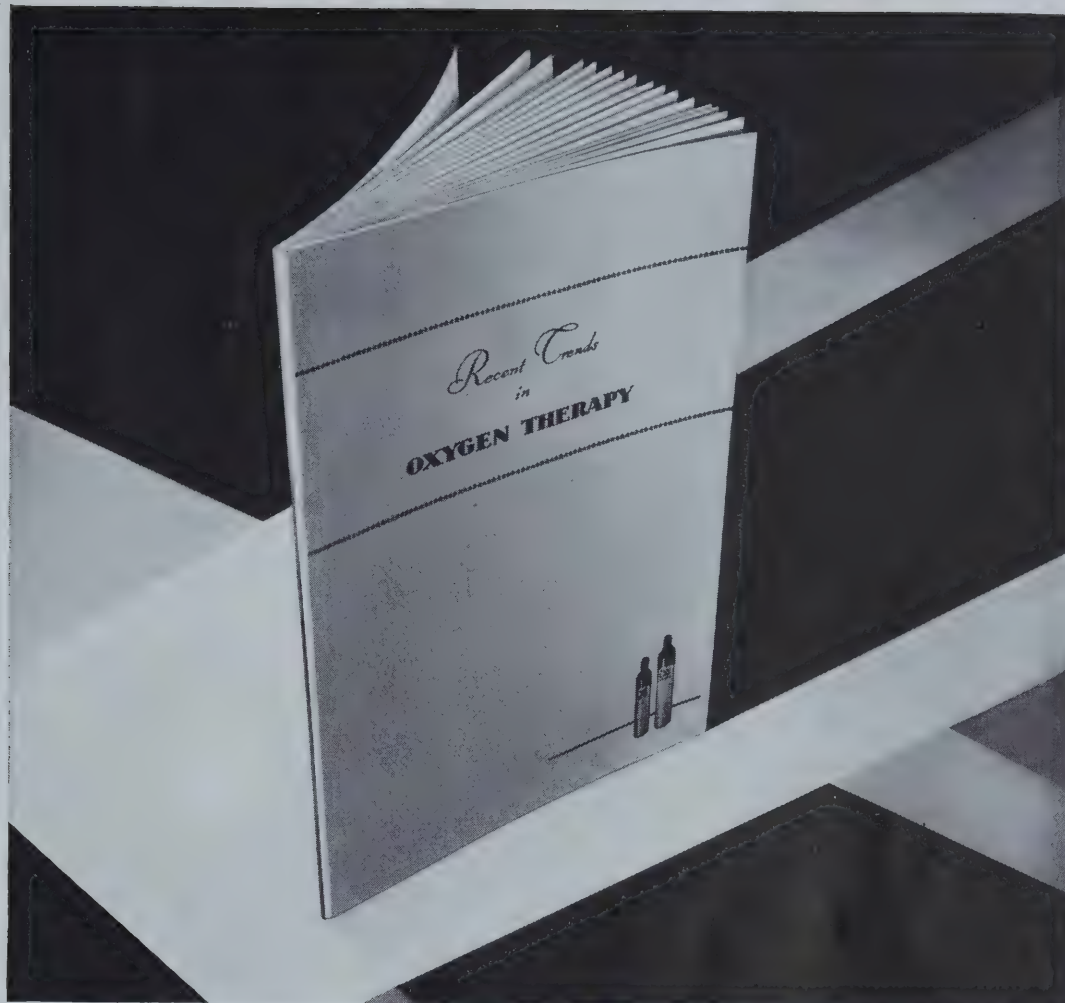
Total expense of hospital for insurance patients, \$5,412.00.

All doctors permitted to practice in the hospital have the insurance tickets in their offices and cooperate with the hospital by offering them to patients. The hospital employs two representatives on a 10 per cent commission basis who sell new insurance and reinstate expirations, but who do not solicit renewals. Interest in the plan also is stimulated by occasional articles in the local newspaper and in the hospital bulletin.

The hospital, of course, does not offer this plan to people who may expect to need hospital service in a short time, except in the case of obstetrical patients whose charges, even under the insurance plan approximate closely the cost of their care. Sometimes, too, when a doctor knows that a person is in need of an operation and knows that the individual's finances are limited, insurance will be advised in order that the hospital may receive something for its services.



This is Community Hospital, Grinnell, Ia., which has carried on a hospital insurance scheme for ten years. In 1931 the hospital receipts from this insurance were about \$875 more than expenses incurred in serving patients from the group insured.



Recent trends in OXYGEN THERAPY

RECENT developments in oxygen therapy, both in hospitals and in private practice, have been so rapid that only the newest information on this subject can be regarded as authoritative.

To supply physicians interested in the practical aspects of oxygen therapy with the latest data on procedure and equipment, we have prepared a brief but accurate 36-page book, "Recent Trends in Oxygen Therapy," which will be sent to any physician without cost or obligation.

THE LINDE AIR PRODUCTS CO.

The World's Largest Producer of Oxygen
Unit of Union Carbide and Carbon Corporation

New York



IN CANADA, DOMINION OXYGEN COMPANY, LTD., TORONTO



Linde Oxygen U.S.P. is of guaranteed purity in excess of 99.5 per cent., conforming to all the requirements of the United States Pharmacopoeia. It is available in 220 cu. ft. and 110 cu. ft. cylinders at any of the 65 Linde producing plants and 174 warehouses, conveniently located in every part of the country.

H. M.-2-32

The Linde Air Products Co., 205 East 42nd Street, N.Y.

Without obligation, please mail a copy of "Recent Trends in Oxygen Therapy" to:

Name _____

Address _____

City and State _____

Costs and Charges for Oxygen Tents And Other Equipment

Here Are Interesting Comments, Including Experience of Some Pioneers in This Type of Therapy; Estimates of Expense, and Rates Show Wide Variance

HOSPITAL superintendents who are anxious to have their institutions offer the latest approved methods and services have been quick to encourage the introduction of equipment for the administration of oxygen, but a number of executives, while they have received ample evidence of the value of such equipment, from the standpoint of advantage to patients, are confronted with several problems. Chief among these, according to a recent questionnaire, is the method of determining cost and of charging for the use of the equipment.

As mentioned in an article on oxygen therapy service in the last issue (page 30), tents are a widespread and increasingly popular type of oxygen equipment, while the number of hospitals with permanent oxygen chambers is increasing. Most of the hospitals providing the facilities of portable equipment, perhaps, own this equipment outright, but many are taking advantage of the prompt rental service which is being offered in many sections. In some instances hospitals with their own equipment install rental equipment to meet sudden demands.

Judging from the questionnaire mentioned, one of the earliest developments in the management of this comparatively new service will be the determination of a method of charging satisfactory to the individual hospital. Many factors enter into this, such as policy of the hospital, extent to which the service is rendered to the individual patient, volume of service, etc. A number of institutions at present are offering this service without attempting to cover depreciation or general overhead, in order to make the facilities available to patients at the very lowest figure.

From the questionnaires it is apparent that while there is much interest in the subject, comparatively few hospitals, except in large centers and those doing a considerable amount of research and teaching, have had very much experience thus far as to probable cost, and in most

instances tentative schedules of charges have been made, subject to revision if further experience so indicates.

Because of the general interest, however, HOSPITAL MANAGEMENT in this article summarizes information and comments from a number of hospitals which have exhibited active interest in this new type of service to the sick.

Alice G. Henninger, superintendent, Pasadena, Cal., Hospital, comments: "We feel that every modern hospital should have modern oxygen therapy service. After examining different types of equipment we purchased apparatus without motors. Since the equipment was donated, we have made no charge except for the oxygen used. The equipment in our oxygen room consists not only of these tents, but a respirator as well. While this latter type of equipment is not needed every day, when it is needed it is needed badly, and we would say that every hospital should have these facilities." Miss Henninger estimates the cost of operation of a tent at about \$5 a day. In a year 10 patients were treated.

Ithaca Memorial Hospital, Ithaca, N. Y., charges \$1.25 an hour for the use of its oxygen tent, estimating this as the approximate cost of operation. In a few months two patients had been given oxygen treatments.

Greenwich Hospital, Greenwich, Conn., reports the use of its oxygen tent for 22 patients in the course of a year, and says that its charge of \$1 an hour represents approximate cost.

Baptist Memorial Hospital, Mem-

phis, Tenn., which bought its second tent after two years' experience with the first device, up to a short time ago had treated approximately 50 patients. This hospital reports an initial charge of \$5 for the use of the tent and \$17 for oxygen for a 24-hour period, making a total charge for the 24 hours of \$22. It is estimated that the expense of maintaining the tent for 24 hours is about \$11.

Jewish Hospital, St. Louis, Mo., reports that its tent is in almost constant use. The schedule of fees for the use of the equipment is thus reported by the hospital:

"Private room patients occupying rooms up to \$10.50 a day pay \$10 a day for the use of the tent; those occupying rooms from \$12.50 up pay \$15 a day. For the use of an oxygen tank, the charge is \$1 an hour for less than half a day; for longer than half a day, the same rate as is charged for the tent. Patients in 2-bed rooms get a discount of one-third on above rates; those in 3-bed rooms one-half; ward patients receive oxygen free."

"It costs about \$5.45 to operate the oxygen tent for 24 hours, and about \$15 a day for oxygen when the funnel method is used. (The tent has been available for a year, and oxygen tanks since the hospital was opened.) The funnel method is very unsatisfactory, as there is great waste of oxygen and someone must be in constant attendance," says E. Muriel Anscombe, superintendent.

St. Mary's Hospital, Brooklyn, reports the satisfactory use for more than five years of the double nasal catheter, with calibrated gauges on the tanks of oxygen.

Up to December 11, 1931, Massachusetts General Hospital, Boston, had cared for about 75 patients in its four oxygen tents. The hospital charges only for oxygen and soda lime and reports that the approximate cost to patients is about \$7 for 24 hours.

In commenting, Dr. F. A. Washburn, director, says: "The oxygen therapy service of this hospital is





The Curve of a Perfect Boil

WE ARE NOT speaking of the back of the neck—but of the important process of making thousands of yards of absorbent gauze daily and yet having the one particular yard which you are to use in a dressing be scientifically *perfect* in every respect.

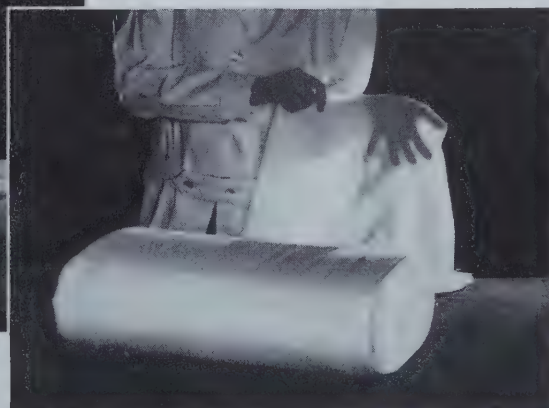
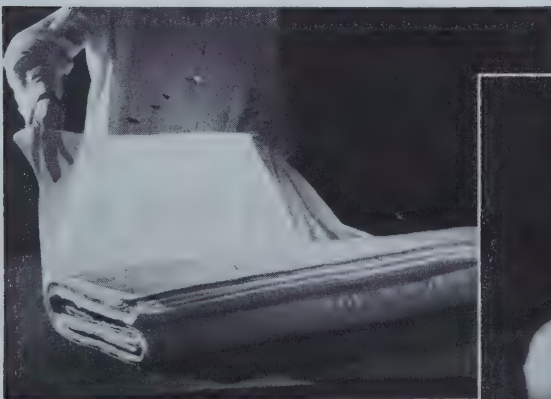
To this end automatic, infallible checkups must replace human “trial and error.”

The graph at the top of this page is a “Kier” chart. Under the eyes of experienced operators, a stylus traces on this chart the en-

tire progress of the “boil,” which is the critical manufacturing operation.

On file in the Bay Plant at Versailles are thousands of perfect boils. And in leading hospitals everywhere are thousands of yards of perfect Bay Absorbent Gauze—the result of scientific precision in manufacture.

THE BAY COMPANY
BRIDGEPORT CONNECTICUT
A DIVISION OF
PARKE, DAVIS & CO.



considered joint hospital property and may be used by the medical, surgical or any other services, with the understanding that the visiting surgeon or physician is responsible for its proper operation and use. We have a technical man who does other work, such as assisting in putting up fracture apparatus, who has direct charge of the mechanical end of operating the oxygen tents."

"We own one tent, purchased in April, 1931," says F. P. G. Lattner, superintendent, Finley Hospital, Dubuque, Ia. "Our charge for the use of this tent is: \$8 for each tank of oxygen consumed, and in addition, 30 cents an hour for the time the machine is used. This method of charging was instituted as some patients require more oxygen than others. We find that the average cost to the patient is apparently \$20 a day.

"So far the tent has been used for five patients, three of whom, the doctors definitely believe, owe their lives to its use."

"Before we purchased the machine a demonstration was given at a staff meeting. I believe that the manner in which our equipment was purchased has established a definite interest on the part of the doctors in the use of the equipment."

Cleveland Clinic, Cleveland, O., has used oxygen tents for two and a half years, during which time 494 patients had been treated. Six tents now are available. The charge is \$25 a day for private room patients and \$15 a day for all other patients. It is estimated that the cost of operation of a tent for 24 hours is \$15.

"We installed one oxygen tent three months ago," writes M. Ellen McIntyre, superintendent, Meriden, Conn., Hospital. "The first case in which it was used was a case of luminal poisoning, with following pneumonia. The doctor asked for the oxygen tent and almost at once there was relief. The patient eventually recovered. The feeling among our doctors is that it is of great assistance. I would say that an oxygen tent is a necessary part of the hospital equipment. The doctors like it. We are fortunate in having as an anesthetist one who supervises and gives instruction to any one using this apparatus."

Maryland General Hospital, Baltimore, treated nine patients the first year it had a tent. It charges for oxygen only and estimates the cost of operation for a 24-hour period at \$30.

The following is summarized from information supplied by Dr. B. Henry Mason, superintendent, Water-

bury, Conn., Hospital: "We have three oxygen tents, one having been in use for two and a half years and the other two for nine months. The older type of tent, motor driven, costs \$12.24 to run for 24 hours; the newer tents, ejector type, \$16.49, not allowing in these figures for depreciation or minor overhead expense. Our policy is to charge only enough to cover actual running expenses for the period during which the tent is used. We feel that the various types of equipment for the administration of oxygen have proved their value to internists and surgeons."

All of the foregoing, it will be noted, concerns experience with portable equipment. Below will be found comments from those who are operating permanent oxygen rooms, in addition to tents or non-permanent devices.

Dr. Walter M. Boothby, who has charge of the care and operation of the oxygen therapy equipment of the various hospitals affiliated with the Mayo Clinic, thus comments:

"For the routine work we have two technicians primarily assigned to oxygen therapy work; their spare time, approximately one-half their time, is occupied with regular laboratory technic; also four other laboratory technicians have been trained for the work to act as reliefs on holidays or during sickness. One technician is always on call day and night.

"Their duties are to start the tent or chamber, make oxygen and carbon dioxide analyses, and keep the apparatus in condition. Routinely three times a day the technician analyzes the oxygen concentration in each tent and records the results on the temperature chart. If the concentration is too low she instructs the nurse about tucking in the tent or corrects any other error in administration. This constant checking soon educates all the nurses how to run the tent in the intervals between the technician's visit.

"In our various hospitals we have

two oxygen chambers and about 13 tents.

"The basic charges for the tents are \$10 per day, but for obviously well-to-do patients we charge \$15 per day, as the actual cost, including the proportionate allowance for the technicians' salary, averages about \$10.40 per day, including oxygen, soda lime, ice, and electricity. (A special nurse is usually needed, and if so, is an additional charge, as usual.)

"For the oxygen chamber our basic charge is \$50 per day. This, however, includes room and special nursing, as well as the specific cost of the oxygen, soda lime, and technicians' salary; the average cost is \$43.37 per day.

"No allowance is made in our charges for non-collectable bills, as we thought this had best be absorbed in the institutional overhead for general non-collection because oxygen is a necessity and must be given when needed regardless of patient's ability to pay.

"I should estimate that four to ten patients are under treatment all the time and each patient averages about three days of treatment. These are just rough estimates.

"We do not have any portable chambers but only the two complete non-portable chambers and the portable tents.

"Oxygen therapy can only be successful in those institutions that are willing to provide apparatus and technicians, or in lieu of the latter, some one enthusiastic individual who will learn the fundamentals and see that they are carried out at night as well as by day, and also after the novelty has worn off."

Earl R. Chandler, superintendent, Columbia Hospital, Milwaukee, Wis., where two tents have been in service five years and two permanent rooms three years, says that approximately 27 patients were treated with oxygen last year. He estimates the operating cost of a tent at \$12 a day and of a room at \$9 a day. Patients are charged \$10 a day for the use of the tent, plus materials, making the total cost about \$19. The operating figures given, of course, do not include overhead or personal service. "If possible, the hospital should install at least one oxygen room, or have one of the new portable rooms," says Mr. Chandler. "The hospital also should have at least two tents to use at bedside and to send out to patients the physician may not wish to hospitalize."

Dr. William Thalheimer, of the Nelson Morris Memorial Institute, Michael Reese Hospital, Chicago, reports three tents besides the two per-

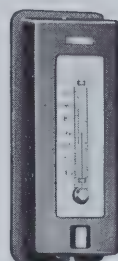


JOHNSON Heat and Humidity Control

30 Johnson Branches Insure Convenient, Quick Service Anywhere, Any Time. Each Johnson Installation Made By Johnson Mechanics Only. Every Johnson Installation Given Annual inspection.

The All-Metal System, The All-perfect Graduated Control Of Valves And Damper. The Dual Thermostat (Two Temperature) or (Night And Day) Control, Fuel Saving 25 to 40 per cent.

ACCURACY · DEPENDABILITY · SERVICE
PERMANENCE



THE THOROUGHLY COMPLETE SYSTEM OF HEAT AND HUMIDITY CONTROL

The Johnson Thermostat on the wall of each room operates the valve on the heat supply of each room, automatically furnishing the temperature each room individually requires, and independent of all other rooms of the building. Included, are also Johnson Thermostats for controlling the valves and dampers of the building's ventilating system, and Johnson Humidostats for the control of the humidity. The Johnson system is the one accepted hygienically correct principle and mechanically right method of temperature regulation, the thoroughly complete system of control and installed in thousands of various buildings since 1885: its accuracy, dependability and permanence proven.

JOHNSON SERVICE COMPANY

507 E. Michigan St. Established 1885 Milwaukee, Wis.

Albany	Cincinnati	Greensboro, N.C.	Philadelphia	Seattle
Atlanta	Cleveland	Indianapolis	Pittsburgh	Calgary, Alta.
Baltimore	Dallas	Kansas City	Portland	Montreal, Que.
Boston	Denver	Los Angeles	St. Louis	Winnipeg, Man.
Buffalo	Des Moines	Minneapolis	Salt Lake City	Toronto, Ont.
Chicago	Detroit	New York	San Francisco	Vancouver, B. C.

Babies' and Children's Hospital and Maternity Hospital, Cleveland, Ohio. Former is equipped throughout with Johnson System of Control, including special Johnson Humidity Control apparatus for the children's wards.

Maternity Hospital has Johnson Temperature Control in principal rooms, including private suites; and all fan ventilation is likewise Johnson Controlled.

Highland Hospital, Oakland, California. Johnson Graduated Acting Room Type Thermostats, control Sylphon radiator valves on direct radiators in the ten operating and surgical rooms of this hospital. Also, 2-point Johnson Multiple Thermostat controls 2 Sylphon Coil valves on fan unit for ventilating system; and double cylinder Johnson Electric Air Compressor and Air Storage Tank are included in installation.

SERVICE

manent oxygen rooms of this institution. "The tents have been available for three years and the oxygen rooms for almost two years," says Dr. Thalheimer. "Ten dollars a day is charged for the tents to patients in moderate priced private rooms, and \$15 a day to patients in higher priced rooms. No charge is made to ward patients. From \$15 to \$25 a day is charged for a permanent room. From 200 to 300 patients have been treated."

Bena M. Henderson, superintendent, Milwaukee Children's Hospital, thus answered the questionnaire:

"We have two oxygen tents owned by the hospital and available for use by any attending physician or surgeon on request, and two oxygen chambers each arranged for two or three children according to the size of crib required. The use of the oxygen chambers is open to any member of the staff with the approval of the physician in charge of oxygen therapy. As over 80 per cent of our work is charity, we have few opportunities to make a charge for use of oxygen tent, but when charge is made it is based entirely upon the amount of oxygen used. The oxygen tents have been in use for four years and the oxygen chamber for one year. We have no figures readily available on the number of patients using the tents, but during the last year approximately 60 patients were treated in the oxygen chambers.

"The only suggestion we have to offer regarding the establishment of an oxygen therapy service in a hospital is that ample allowance be made in the budget to allow for development of the department."

MISSISSIPPI SESSION

Hospital executives of Mississippi will gather at Jackson April 11, a day in advance of the state medical society meeting. Dr. Leon S. Lippincott, Vicksburg, is president, Dr. C. D. Williams, Jr., Hattiesburg, chairman of publicity, and W. Hamilton Crawford, Hattiesburg, chairman of program.

TELLS OF SERVICE

"Three Years of Service" is the title of an attractive booklet recently issued by St. Thomas Hospital, Akron, O., Sister Lawrence, superintendent. It tells the story of the service of the hospital in interesting fashion and presents many fine photographs of equipment and departments, as well as a statistical summary.

PREFERRED CLASS

One state association has drawn up a bill to give hospitals class 1 preference in probate court cases, instead of placing them in class 2 as at present. In this state morticians are class 1. One man especially interested in this bill explains his activity because the hospital failed to collect several bills due to the present law.

Canadian Medical Association Lists Hospitals for Interns

THE Canadian Medical Association, department of hospital service, G. Harvey Agnew, M. D., secretary, recently made public its first list of hospitals of Canada "approved" and "recommended" for intern training.

The list is published herewith. It will be noted that the hospitals are divided into two groups—those approved and those recommended. The approved hospitals are considered to have met the standards for intern training promulgated by the O. M. A. and those on the recommended list, while not quite meeting these standards for various reasons, are nevertheless considered progressive and valuable as units for intern training and will be given every aid in obtaining interns.

"We anticipate making annual revisions of the list," explains Dr. Agnew. "The arrangement of 'approved' and 'recommended' is somewhat unusual, but we are of the opinion that this will stimulate interest in the organization of hospitals for intern training and will give hospitals recommended considerable recognition. Many of them have features which make them very desirable for internships."

The list follows:

APPROVED.

Victoria General Hospital, Halifax, N. S.
St. John General Hospital, St. John, N. B.
Children's Memorial Hospital, Montreal.
Montreal General Hospital, Montreal.
Royal Victoria Hospital, Montreal.
Ottawa Civic Hospital, Ottawa, Ont.
Kingston General Hospital, Kingston, Ont.
Grace Hospital, Toronto.
Hospital for Sick Children, Toronto.
St. Joseph's Hospital, Toronto.
St. Michael's Hospital, Toronto.
Toronto East General Hospital, Toronto.
Toronto General Hospital, Toronto.
Toronto Western Hospital, Toronto.
Hamilton General Hospital, Hamilton, Ont.
St. Joseph's Hospital, London, Ont.
Victoria General Hospital, London, Ont.
Metropolitan General Hospital, Walkerville, Ont.
Hotel Dieu of St. Joseph, Hospital, Windsor, Ont.
Children's Hospital, Winnipeg.
Winnipeg General Hospital, Winnipeg.
St. Boniface Hospital, St. Boniface, Man.
Regina General Hospital, Regina, Sask.
Royal Alexandra Hospital, Edmonton, Alta.
University of Alberta Hospital, Edmonton, Alta.

Vancouver General Hospital, Vancouver, B. C.

RECOMMENDED.

Homeopathic Hospital of Montreal, Montreal.
Woman's General Hospital, Montreal.
Christie Street Hospital, Toronto.
Brantford General Hospital, Brantford, Ont.
Westminster Hospital, London, Ont.
St. Catharines General Hospital, St. Catharines, Ont.
Grace Hospital, Winnipeg.
Moose Jaw General Hospital, Moose Jaw, Sask.
Saint Paul's Hospital, Saskatoon, Sask.
Saskatoon City Hospital, Saskatoon, Sask.
St. Paul's Hospital, Vancouver, B. C.
Provincial Royal Jubilee Hospital, Victoria, B. C.

Vacation Schedules Being Revised

That a number of hospitals are contemplating reducing vacation periods or already have put such reductions into effect is indicated in a symposium recently compiled by Charles E. Findlay, superintendent, Springfield, O., City Hospital, in connection with a detailed study of personnel, salaries and vacations.

Of 14 replies, five hospitals asserted that no changes in vacation schedules had been made or contemplated, another that a temporary ruling had been put into effect limiting all vacations with pay to two weeks. Another told of asking every employee to take ten days without pay.

Changes reported by the other seven replying were:

Sick leaves cut 50 per cent, vacations 15 per cent.

No student allowances during vacation.

Hospitals in one city uniformly reduced month vacations to four weeks, and some four week vacations to three weeks.

"Vacations reduced, not salaries."

"Vacation reduction probable."

"Fifty per cent reduction in vacation time."

"Some adjustment to be made."

Tied up with the question of vacations was salary adjustments, and specific information concerning the latter included:

Five hospitals reported a salary reduction of 10 per cent.

"No salaries paid during vacation; vacation limited to two weeks."

One hospital reported a salary reduction, but no change in vacation schedules, asserting that vacations are needed.

Another hospital reported discontinuation of meals to all except nursing and resident personnel and likelihood of having all graduate nurses live out.

SORBANT

REG. U.S. PAT. OFF.

HOSPITAL PRODUCTS



A century of quality leadership in
the manufacture of sanitary requisites
for hospital and institutional needs

Griswoldville Manufacturing Company, 56 Worth Street, N. Y.

Chicago Office: 323 South Franklin Street

MILLS AT GRISWOLDVILLE, TURNERS FALLS and COLRAIN, MASS.

SORBANT GAUZE

SORBANT DIAPEX

SORBANT COTTON

SORBANT CELLULOSE

SORBANT SANITARY PADS

DEANE'S ADHESIVE PLASTER

Some Problems Peculiar to Dietitian In Small Town Hospital

More Careful Planning of Menus Necessary Because of Distance from Food Sources; Personnel Problem Probably Not as Annoying as in Big City

By MAURINE BARTLETT

Dietitian, Halstead Hospital, Halstead, Kan.

IN operating a hospital kitchen anywhere—in the great city or in the smallest town—the dietitian or person in charge of the food service unit will have a multitudinous number of duties daily. Sister Romauld, dietitian at the Good Samaritan Hospital, Cincinnati, O., aptly suggests that the duties of the dietitian be grouped under the three heads: administrative, technical and educational. In our hospital all the duties which fall under these headings must be performed by one dietitian with the aid of an untrained woman who keeps the store rooms in order and checks the invoices and records them.

These three aspects of the work may be outlined as follows:

- A. Administrative.
 1. Supervision of the work in both the main and diet kitchens.
 2. Buying supplies.
 3. Daily visits to patients on special diets.
 4. Conferences with doctors.
 5. Checking trays, nourishments, regulating and outlining duties of student nurses and kitchen employes.
- B. Technical.
 1. Planning menus for patients and personnel.
 2. Calculating diets.
 3. Keeping records.
 4. Checking costs and waste.
- C. Educational.
 1. Conducting class room work and training student nurses in the diet kitchen.
 2. Instruction of patients on diabetic, nephritic, obesity, ulcer or ketogenic diets.

One of the foremost problems in the administrative phase in the direction of the small town hospital kitchen is that of training employes, especially the cook. It is not always possible, nor is it usually advisable to have a thoroughly trained chef to whom one may turn the entire management of the food manufacture. In most cases one must be content with a woman

who, while she may be an excellent cook, has had no special training in quantity and institutional cookery. She may be an excellent cook and be able to turn out well-cooked, satisfying, palatable meals, but her ingenuity is soon exhausted, necessarily throwing menus into the old "pie day, roast beef day, stew day" rut unless she is given some specific training. This, of course, results from the lack of a more versatile cook.

It has been said that a good chef is a real economy and that a poor one will waste more than enough to pay a really good one. In small towns it is next to impossible to import a really good one. They are usually men trained in the city, are used to its way and modes of living and will not be contented with the simple life of country towns. Also they would demand and deserve a much larger salary than we are able to pay. If we are successful in importing a good chef or cook he will probably stay but a short time and we are again faced with the expensive and trying problem of breaking in a new cook. We have found that this problem for us can best be solved by training someone at home to do our cooking.

In our hospital kitchen we have all women employes whose homes are in or near Halstead. Our head cook is a middle-aged woman who has learned

quantity cookery in our kitchen. The second and third cooks have likewise been trained there. Both are girls who started as dining room or kitchen workers and were gradually promoted to their present positions. These women do not cook scientifically, since they have had no such training. They have learned the rudiments or principles of cooking at home. For this reason our food has the famous "home cooking" flavor and is a great help in avoiding the deadly sameness of flavor so often found in institutional food.

Menu planning is not limited to those dishes with which our cooks are familiar. New ideas for various food combinations and recipes for new dishes are obtained from numerous cook books, magazines, hotel menus and suggestions from the cooks and others. The recipes are enlarged to fit our needs and the cooks are instructed by the dietitian how to prepare them. I work with them the first time a new dish is prepared, helping them to standardize the proportions, flavor and method of procedure. These recipes were formerly recorded in a book for future use. Recently we have started an indexed card file of all our recipes, recording the proportions, method and number of servings. These cards are a convenient and reliable source of information to any new or inexperienced employe and may be easily replaced if we find other recipes which serve our purpose better. This standardization of recipes is a most helpful control in perfecting food service.

Our cooks are always glad to try something new and seem to enjoy their work much more and have a greater interest in it if they are learning new ways of preparing the same old foods. The old adage that "variety is the spice of life" holds true in kitchen work. It makes it far more



From a paper before 1931 Kansas Hospital Association meeting.



You dare not pay this penalty!

Waste in business may mean the difference between success and failure. But waste in hospital management is the greater tragedy of misspent support and friendship. The elimination of waste is the careful study and studious practice of every progressive hospital executive. Necessity makes this an age of efficiency. Waste in any form, but especially of precious time and effort, is the enemy of efficiency. Guard against waste!

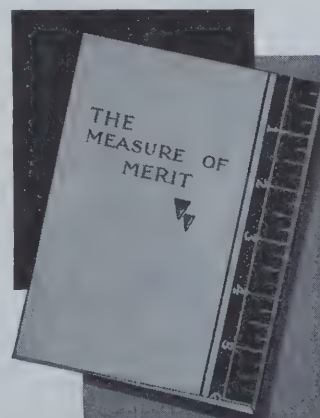
Ideal
Food Conveyor Systems

THE SWARTZBAUGH MFG. COMPANY

TOLEDO, OHIO

Associate Distributors: The Colson Stores Co., Cleveland, Ohio, with Branches in:
Baltimore ■ Chicago ■ Boston ■ Cincinnati ■ Buffalo ■ Detroit
■ New York ■ Philadelphia ■ Pittsburgh ■ St. Louis ■ Los Angeles
■ San Francisco ■ Washington Cycle Co., Tacoma, Wash. ■ Canada: THE
CANADIAN FAIRBANKS-MORSE CO., Ltd. ■ Branches in Principal Canadian Cities.

The whole concept of the Ideal Food Conveyor System is war on waste. The Ideal eliminates meal-time confusion—nerve strain, useless effort—forms of waste. The Ideal directly prevents waste of food. Extra meal service help—labor waste—is minimized with the Ideal. Flexibility of the size of the Ideal System eliminates equipment waste. Sturdy construction cuts down repairs—upkeep waste. That's why "Most hospitals use food conveyors—and most food conveyors are Ideals."



Waste in buying is easily detected with this book, "The Measure of Merit." May we send you a copy?"



The management of the food service in a hospital like this, in a town of approximately 1,500, presents certain problems which are not encountered by the dietitian in a hospital in a large city.

interesting and less of a drudgery. There is a certain romance to cooking which we can find if we try and to build up an interest and a joy in the outcome of the so-called "new dishes" will help our employes to discover it. If we are able to instill a sense of responsibility and pride in the work of our kitchen folk it is needless to say that much better meals are a result. Never be afraid to praise them when their work is good. One can many times lead them to do better work rather than drive them by holding the whip lash of constant destructive criticism over them.

Whenever any of the cooking force is ill or on a vacation we do not employ an outsider. Any girl who has shown interest in her work and an aptitude at cooking is promoted for the time being to that particular position. Then, when a permanent vacancy occurs we have someone in our own kitchen ready for the place and the break is not so keenly felt.

However, training the cooking force is only one of the problems peculiar to small town hospitals.

Purchasing supplies furnishes plenty of food for thought and formerly presented seemingly impossible situations as far as securing fresh foods is concerned. Now, by careful planning and anticipation of our needs we are able to buy almost everything our city friends enjoy, due, of course, to improved methods of transportation. With the help of long-distance telephones to our nearest markets for ordering perishable foods such as fresh fruits and vegetables we are able to obtain these articles at a fairly reasonable price. Of course, this method is not as desirable as going directly to the market and seeing what you purchase, but if you deal with reliable firms and watch your food carefully, reporting anything of inferior quality and insisting on credit for these items, you may be fairly sure of receiving good service.

Other supplies such as good quality

canned foods, meats and staple groceries may be purchased from salesmen from wholesale houses who call at our office. It is our policy to buy good quality foods, as experience has taught us that seconds or cheap brands are usually poor economy, because of the waste and inferior flavor.

We depend on our local grocers to supply our immediate needs not provided for when the wholesale orders were made.

The administrative phase of our story is not completed with the discussion of purchasing supplies. Visiting patients on special diets and regulating food service must be considered.

Visiting patients on special diets is interesting and pleasant as well as beneficial from the point of view of better food service. Lack of time forces me to content myself with daily visits only to those whose appetites are most capricious and who need encouragement in solving their problem of eating the food so necessary to their recovery. Together we plan their meals for the day and discuss the

foods which are particularly helpful in their individual diets. These visits help immeasurably in quieting the grumbling of "fussy" patients, first because they feel they are getting some extra attention from someone who is really interested in their wellbeing and second because they will get food they like and can eat with pleasure, as these people are many times persons whose appetites have practically perished due to long illness.

The physicians usually report such cases to the dietitian and ask that she see the patient, outlining the nature of the disease or disorder and suggesting a type of diet. If the patient does not make the desired progress on such a diet, we discuss the case, both making suggestions and proposing changes. These conferences help her from the standpoint of learning the nature of the disease, in order that she may more intelligently plan the diet.

While daily visits are not made to patients on diabetic, nephritic, cardiac diets, their progress is checked at least twice each week. If time does not permit a visit to each patient personally chart reports are read in order to learn the progress of the patient, or the floor supervisor reports to the dietitian any food that is consistently rejected by the patient, and if the patient is not at all satisfied with the diet a personal visit is made in an effort to straighten out the difficulty.

The spirit of cooperation between the food department and the medical service is also strengthened and is an important factor in developing more efficient service of both departments, to say nothing of the pleasure gained from working together on problems of mutual interest.

We use central tray service at Halstead Hospital. The trays are set up on tray carts, with the cold food. The hot food is served in hot dishes from a steam table. The food is placed on the tray as it moves along the table, transferred to the cart and transported to the floors by means of an

Facts About Halstead Hospital

Halstead Hospital, of which the author of this article is dietitian, has 170 beds and is operated in connection with a clinic of 18 doctors. It is owned and directed by Dr. A. E. Heitzler. In 1931 an average of 1,200 patients a month were registered in the clinic.

Patients' meals, 1931, 108,518.

Personnel meals, 149,390.

Total meals, 257,908.

Special diets, 5,475.

Personnel in dietary and food service department, 18.

Average cost per meal, raw food, 15.5 cents.

A NOTE ON

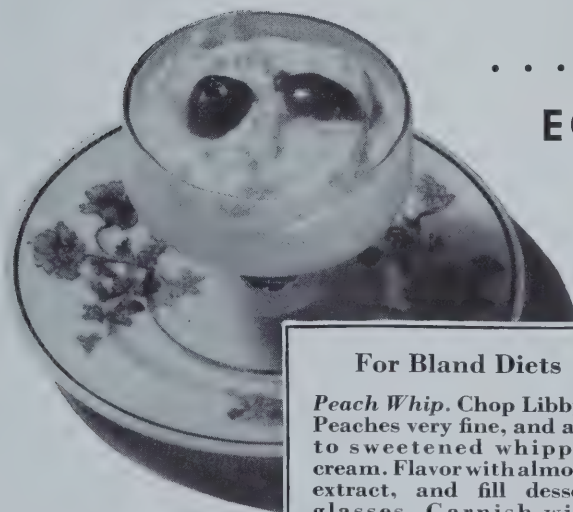
putting GAYETY into your menus

For High Caloric Diets

Peach Salad. Fill two Libby's Peach Halves with cream cheese. Fit them together, and place on crisp lettuce. Top with mayonnaise and a nut meat.

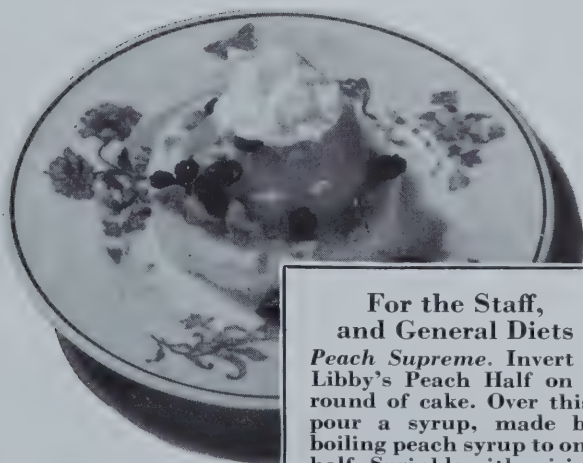


... AND DOING IT ECONOMICALLY!



For Bland Diets

Peach Whip. Chop Libby's Peaches very fine, and add to sweetened whipped cream. Flavor with almond extract, and fill dessert glasses. Garnish with Libby's Maraschino Cherries, and serve cold.



For the Staff, and General Diets

Peach Supreme. Invert a Libby's Peach Half on a round of cake. Over this, pour a syrup, made by boiling peach syrup to one half. Sprinkle with raisins and chopped nuts. Top with whipped cream.

GAYETY in menus is mighty refreshing in a hospital. Gayety is what your patients and staff will notice, and enjoy, when they're served these peach dishes.

Every one of them, from a hospital dietitian's own recipe book, is planned with an eye to color, variety, real appetite appeal. And every one is planned with a keen appreciation of economy.

For these aren't difficult dishes to prepare—and certainly not expensive ones. You combine simple ingredients with luscious Libby's California Peaches. Peaches that, in every can, are specially selected and superbly matched for size, shape, color, flavor and tenderness!

Libby's Peaches, too, are uniformly packed. So you can rely on uniform costs.

Order Libby's California Peaches from your usual source, today. And remember that Libby packs many other fine food products, in regular and special sizes, expressly for hospital use.

Libby, McNeill & Libby, Dept. HM-25, Welfare Bldg., Chicago

These Libby Foods of finest flavor are now packed in regular and special sizes for institutions:



Red Raspberries	Peas
Tomato Purée	Catchup
Corn, Beets	Chili Sauce
Hawaiian Pineapple	Salmon
California Fruits	Evaporated Milk
Spinach, Kraut	Mince Meat
Jams, Jellies	Boneless Chicken
Pork and Beans	Stringless Beans
Tomato Juice	Santa Clara Prunes
Olives, Pickles	in Syrup
Mustard	Strawberries
Bouillon Cubes	Loganberries
Beef Extract	California Asparagus

electric elevator. The trays are checked either by the dietitian or one of the senior nurses. The trays reach the patient about four minutes after being served.

The problem of serving nourishments has been solved by requiring that an order for each be signed by a doctor or the superintendent of nurses before being sent to the kitchen. A student nurse prepares these nourishments, delivering them directly to the patient's room at 10 a. m. and 2 p. m. This method reduces waste, and insures safe and regular delivery of the food to the patient's room.

We have three student nurses in our diet kitchen. The work is divided into three units. The first service—one month—is a period delegated to becoming familiar with diet kitchen work, and this nurse acts as helper to the two senior nurses. Two weeks of the senior service is spent on nourishment and lunches, gradually advancing into the diet work by performing the senior's tasks on her time off duty. The last two weeks of diet kitchen service are perhaps the most beneficial to the nurse. During this time she plans all special diets under supervision of the dietitian and is responsible for the service of these trays.

Time schedules and duties for other kitchen employees must be worked out to suit the needs of each individual kitchen and can only be done after each situation has been carefully studied. This problem is perhaps no different in a small town than in a large one, except that I think our employees usually stay longer and the problem of breaking in new help is not so trying because of this, as it might be in a city.

And now that the kitchen force is working smoothly and our shelves well filled with supplies let us talk about menu-planning, calculation of special diets and the problem of keeping records and an accurate check on costs and waste.

Menus should be planned ahead, at least, one week, perhaps two. Our markets are not near at hand and we must know what we need in advance so that these orders may be placed soon enough to insure timely delivery. Also a graphic advance plan of meals insures a wider variety with less danger of repeating oneself too often. The best and most economical plan in the small hospital is to cook all meals in the main kitchen with the exception of special diets which are prepared in the diet kitchen, so general menus are built for both patients and personnel along as nearly the same lines as possible in order to conserve time, reduce waste and to simplify the marketing problem. The menu is modified for

"Visiting patients on special diets is interesting and pleasant, as well as beneficial, from the point of view of better food service."

"The dietitian in a small town hospital rarely has an idle hour, but do you think her work could ever be monotonous?"

"Menus should be planned ahead, at least one week, perhaps two. Our markets are not near at hand."

"A graphic advance plan of meals insures a wider variety with less danger of repeating oneself too often."

"A foremost problem in the direction of the small town hospital kitchen is the training of employees, especially the cook."

the light and soft house diets, enlarging and changing methods of preparation of some of the more elaborate dishes for the personnel.

Most of the work of calculating diets falls in the class of diabetic diets. However, one, in a small hospital, will occasionally have to calculate ketogenic and reducing diets. I rather enjoy these diets and never regret the time spent on them. We have adapted the Mosenthal method of calculating diabetic diets to suit our particular needs. It saves time for the dietitian and is also readily understood by the patient. The diet sheets are so adjusted that either weighed or measured diets may be prescribed.

If there is not a steward the dietitian must keep records of all food bought, the invoices being sent to her desk and all shipments of food checked against them. A record of meals served is kept and the average cost of meals determined from these records. Accurate check of leftovers and use of them will cut this cost materially and is one of the more important duties of the person in charge of the food service. Checking the

contents of the ice box each morning and planning the use of leftovers for the day helps very much. Keeping leftovers to a minimum by careful planning of amounts in preparation is, of course, the best aid in solving this problem.

Added to the work of the dietitian in a small town hospital as outlined is the work of teaching and training student nurses to think dietetically as well as in terms of medicine and nursing. Aside from the two months of practical work in the diet kitchen our nurses have three courses in dietetics which prepare them for their work in the kitchen. These courses are planned with the idea in view to connect theory with practice, making it possible for the students to understand the connection of diet and disease as well as the importance of such a connection. The first course is a study of food elements, in which an effort is made to link up the processes of normal digestion, absorption and metabolism with typical food elements in order that our nurses may more clearly understand why some foods may or may not be allowed in certain diets to be studied later.

The second course is a laboratory course in which we teach the rudiments of cooking and planning meals for the sick as well as the convalescent. The need of such a course is rather apparent. Not long ago one of my diet kitchen students who had not had such a course, when told to bake an egg, took me quite literally. She put the egg on a pie tin, shell and all, and proceeded to bake it! Another when told to cook bacon boiled it in water. Such things happen because girls do not know how to cook—hence the crying need of such a course. We do not have an adequate laboratory in the hospital for such work and have made arrangements with the local high school for the use of their domestic science laboratory on days when they do not use it. This arrangement has worked out very satisfactorily.

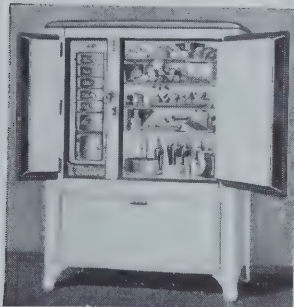
Then in the third course, we study in detail the diets used in diseases needing special dietetic treatment.

Aside from teaching student nurses, the dietitian must instruct her patients on diabetic, ulcer, nephritic and other special diets. Sometimes the success or failure of the treatment received in the hospital depends largely upon the thoroughness of her work because the patient must follow the diet outlined for them very carefully and for a long time. The most important part of the treatment of diabetes, for instance, is diet, and the patient must understand his diet and be able to follow it intelligently if he is to enjoy any degree of benefit from his hospital experience.





Every Hospital Should Consult the K·R·E



So complex is the organization of the modern hospital, so specialized and departmentalized, that there is no place in it for amateurs.

No mere salesman, for example, is competent to advise with hospital authorities on refrigeration problems; only a refrigeration engineer can do that.

Hence, the Kelvinator Refrigeration Engineer. Whether your problem is to cool serums or foodstuffs, or drinking water, he can tell you how to do it properly, uniformly and at the lowest cost.

Why not call in the K. R. E.? There is one in your vicinity who will be glad to consult with you on this very important subject and whose advice will place you under no obligation. Look for his name in the Classified Section of your Telephone Directory under "Refrigeration — Electric".

KELVINATOR CORPORATION, 14246 Plymouth Road, Detroit, Michigan
Kelvinator of Canada, Ltd., London, Ontario • Kelvinator Ltd., London, England

Kelvinator

(474)

1914



1932

ELECTRICAL REFRIGERATION FOR HOMES • OFFICES • STORES • FACTORIES

How Halstead Hospital Teaches Patients to Prepare Special Diets

IN connection with her paper on the problems of a dietitian in a small town hospital, Miss Maurine Bartlett presented some comments and information concerning the handling of special diets, especially in the matter of instructing patients in their preparation and content.

The following is a copy of the basic diet list for cardiac, nephritic and hypertension patients, according to Miss Bartlett, who explains that it is adapted and not entirely original, although some of the work has been done at Halstead Hospital. Besides the items listed, Miss Bartlett writes that occasionally small amounts of chicken and fish are allowed.

The basic list for the diets mentioned follows:

WHAT TO EAT

Almonds	Peaches
Apples*	Onions
Apricots	Oranges*
Asparagus	Peaches
Bananas*	Pears
Beans (dried) navy and lima	Peas (dried)
Beets	Pineapple
Blackberries	Potatoes*
Blueberries	Radishes
Brussel's sprouts	Raisins
Cabbage	Raspberries, ruta-bagas
Cantaloupe	Spinach
Carrots	Squash
Cauliflower	Strawberries
Celery	Tomatoes
Cherries	Turnips
Chestnuts	Watermelon
Cucumbers	Butter
Currants	Cornstarch
Egg plant	Cream
Grapes	Lard
Grapefruit	Sugar and tapioca
Lemons	Bread (1/2 slice at a meal)
Lettuce	Bacon (small amount)
Loganberries	Jellies
Milk (cow's)	
Mushrooms	
Muskmelon*	

*Preferred

WHAT NOT TO EAT

Corn (sweet, dried)	Meats (all kinds)
Crackers	Oysters
Cranberries	Oatmeal
Eggs	Rice
Fish	

EXAMPLE OF DIET (AS SERVED)

Breakfast

Baked Apple with Cream

Bacon

Half Slice Toast

Butter

Jelly

1 Glass Orange Juice

1 Glass Milk

Lunch

Baked Stuffed Potatoes

Beets in Cream

Combination Vegetable Salad

Half Slice Bread

Butter

Olives

Peaches

1 Glass Orange Juice

1 Glass Milk

<i>Dinner</i>	
Cream of Spinach, or Asparagus or Celery Soup	
Escalloped Potatoes	
Buttered Peas and Carrots	
Fruit Salad	
Half Slice Bread	Butter
Apricot Ice Cream	
1 Glass Orange Juice	Raisins
Nuts	

DIABETIC DIET

"I have found that a measured diet is more readily understood by a patient than a weighed diet," adds Miss Bartlett, in commenting on the instruction of patients. "The weighed diet has also proved quite satisfactory when used, and some patients do very well with it, but many of our patients will often measure more accurately than they will weigh.

"The instructions for diabetic patients who are to prepare their food include the following points:

"1. All vegetables which are ordinarily eaten cooked are to be cooked without any added cream, milk or butter and measured. Then you may add part or all of the butter measured out for this particular meal. No flour or starch is to be used in creaming vegetables.

"2. All fruits must be eaten without any added sugar. If canned fruits are used, be very sure to purchase only water packed fruits or those canned especially for diabetic diets.

"3. In frying meats, if any additional fat is used, use only that which is allowed on the diet list for that particular meal. If roast meats are used, cut the patients' serving from the center of roast so that none of the roasted edges are used, as these may have some added fat used in roasting the

meat. Also use no flour to roll meats in before frying."

The following is given as an example of measured diabetic diet calories, approximately 1,450, daily allowance of 45 gms. protein, 105 gms. fat and 60 gms. CH.:

BREAKFAST

1/2 cupful of cooked cereal or dry prepared cereal (group II).

1 1/4 tablespoonful butter.

1/4 cupful 20 per cent cream.

1/2 cup fruit chosen from group II.

DINNER

3/4 cupful vegetable chosen from group I. (Measured after cooking but before any butter or cream are added.)

Meat or fish chosen from group IV. If cut up should measure 3/4 cupful. If sliced should be in a slice about 4 inches by 4 inches by 1/2 inch thick. Never use that part of the meat which is excessively fat.

Butter 1/4 tablespoonful.

Mayonnaise or butter or lard to be used in cooking—1/4 tablespoonful or 1/2 cupful of 20 per cent cream.

Fruit—1/2 cupful chosen from group II.

SUPPER

3/4 cupful of vegetables chosen from group I.

1/4 cupful of vegetables or fruit chosen from group II.

Butter—1/4 tablespoonful.

Cream—2 tablespoonfuls.

Egg—1.

Bread—One slice about 1/4 inch thick cut from a loaf about the size of a baker's loaf of bread. If the patient prefers, one-half slice may be used at dinner and one-half at supper.

The following is a list of foods furnished patients from which the diet may be chosen:

Group I: Asparagus, string beans, spinach, wax beans, cabbage, cauliflower, celery, cucumbers, lettuce, ripe olives, pickles (sour or dill), radishes, sauerkraut, tomatoes, rhubarb.

Group II:

Vegetables: Carrots, peas, green olives, parsnips, pumpkin, squash, turnips, beets.

Fruits: Apples, blackberries, raspberries, strawberries, grapefruit, muskmelon, oranges, pineapple, peaches, currants, lemons, watermelon.

Cereals: Cooked oat meal, cooked cream of wheat, whole wheat cereals, corn flakes, rice krispies.

Group III:

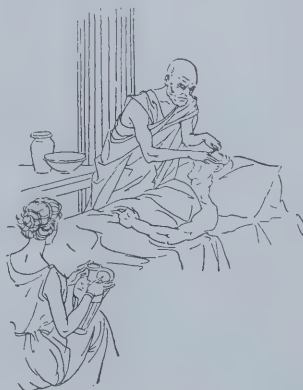
Vegetables: Baked beans, corn, lima beans, cooked macaroni, potatoes, boiled rice.

Fruits: Apricots, bananas, blueberries, cherries, pears, plums.

Cereals: Cracked hominy (boiled).

Group IV:

Meats: Boiled beef, corned beef, roast beef, beef steak, beef tongue, chicken, goose, ham, lamb chops, lamb roast, mut-





HERE'S ONE CORRECTIVE FOOD THAT HASN'T A "CORRECTIVE FLAVOR"

PITY the poor patient who thinks all corrective foods are tasteless and unpleasant! For that patient has never had the fun of eating Heinz Rice Flakes . . . a delicious, crispy cereal, *but a cereal with a laxative effect!*

Heinz Rice Flakes have this important laxative quality because pure cereal-cellulose, made from whole grain rice, has been added to them by an exclusive Heinz process.

When moisture is absorbed, this cereal-cellulose expands and forms a gentle, stimulating bulk . . . wholly free of harsh or irritating substances. It gives Heinz Rice Flakes the same natural regulative effect as the cellulose in certain fruits

and vegetables . . . a quality often referred to as a "corrective vegetable effect"!

No other rice flakes contain added cereal-cellulose

It took the H. J. Heinz Company eight years . . . in collaboration with the Mellon Institute . . . to perfect the process that gives Heinz Rice Flakes their added cereal-cellulose. No other cereal manufacturer can use it. No other rice flakes can have the important laxative effect that comes from this addition of cereal-cellulose. And the value of Heinz Rice Flakes as an aid to proper elimination has been

proven by carefully supervised tests in a number of recognized institutions.

We believe that you will find Heinz Rice Flakes a helpful addition to your list of corrective foods . . . and a very welcome one to patients!

For best results, it is well to serve Heinz Rice Flakes twice daily during the first week . . . at breakfast and as dessert at luncheon or dinner. After that, one serving a day is usually sufficient.

For more detailed information about Heinz Rice Flakes, let our representative call. With your permission, he will also arrange for a generous free trial at no cost to you. The coupon below will bring him to you.

HEINZ RICE FLAKES •

H. J. HEINZ COMPANY,
Dept. HM-2, Pittsburgh, Pa.

Please have your salesman call, regarding Heinz Rice Flakes.

Name.....

Street.....

City.....State.....

THE ONLY READY-TO-SERVE

CEREAL THAT CONTAINS ADDED

CEREAL-CELLULOSE



ton chops, mutton roast, pork chops, pork roast, squab, turkey, liver.

Fish: Butter fish, halibut (smoked), mackerel, salmon, sardines, shad.

Group V: Black bass, blue fish, cod-fish, haddock, halibut (fresh) trout, white fish.

Reduction Shown in Foodstuffs

Despite an average census of 16 more patients a day than for the previous year, the expense of provisions and meats of Rhode Island Hospital, Providence, Dr. John M. Peters, superintendent, showed a decrease, according to the annual report. The detailed figures follow:

MEAT, POULTRY AND FISH		
	1931	1930
Beef and veal...	\$10,397.93	\$13,091.24
Mutton and lamb.	2,842.92	3,523.29
Pork and pork products	3,181.57	4,319.37
Ham and bacon..	5,182.84	6,346.98
Poultry	5,468.70	6,462.22
Fish and shell fish	4,267.59	4,592.54
Sundries	945.87	695.00
Totals	\$32,287.42	\$39,030.64
PROVISIONS		
	1931	1930
Eggs	\$ 7,243.17	\$ 9,879.99
Coffee	2,926.92	2,899.15
Sugar	3,553.59	3,895.28
Butter and cheese	11,399.90	15,413.56
Tea, cocoa and chocolate	559.28	1,112.18
Milk	20,138.63	24,622.60
Canned fruit....	339.25	503.99
Canned vegetables	1,071.17	1,815.23
Potatoes	3,606.85	5,019.65
Fresh fruit.....	11,420.93	12,496.85
Fresh vegetables..	6,895.33	8,250.95
Flour	2,149.52	3,448.68
Cereals	1,605.70	1,246.10
Sundry groceries.	6,184.46	6,577.24
Totals	\$79,094.70	\$97,181.45

The total days' treatment for the latest year was 145,014, compared with 139,123, an increase of 5,891 days. The average stay increased little more than half a day to 17.36 days, and the average number of patients was 397 against 381 for the previous year. These figures are exclusive of the private pavilion, the Jane Brown Memorial Building. The per capita cost was reduced to \$4.83 from \$4.90.

ADDITION PLANNED

Columbia Hospital, Columbia, S. C., H. H. McGill, superintendent, recently completed plans for a \$275,000 addition, in part of which will be housed an enlarged colored department.

FOUR IN A YEAR

A feature of a recent annual report of a hospital was that in the period represented by the report four different individuals had the title of superintendent.

RESIGNS POSITION

J. E. Keeney has resigned as superintendent of Baptist Hospital, Alexandria, La.

Bulletin Makes Friends for Dietary Department

READING, Pa., Hospital, William M. Breiting superintendent, recently made use of its unusually fine bulletin to help familiarize public and patients with the object and conditions of the food service and special diet department, and at the same time build up a favorable attitude toward this phase of hospital activity.

"It's not what you like that makes you well," is the heading of the article which was illustrated with an action picture of Miss Ruth Matz, dietitian, instructing student nurses in the special diet kitchen.

The article said in part:

"Now and again you may hear someone speak critically of hospital food.

"People who are ill are naturally finical about their food, their appetites are jaded and the sight of food depresses rather than stimulates them.

"Hospitals do not serve food to their patients with the same purpose that a restaurant does—that is, to delight the palate.

"Nor is it served to you merely as part of hospital routine at meal time.

"But may you always remember that the food that is served you in the Reading Hospital is part of your treatment, and, as such, your condition must be considered rather than your taste.

"During your stay in the hospital your diet is ordered by the physician in charge of your case. He tells what you may eat. He does not tell you, but he instructs the dietitian as to the type of food he wants you to have.

"To supply the varying diet instructions of doctors, the hospital has two main divisions of diet:

"First: The regular hospital diet, which may be further subdivided into light, soft and liquid diets.

"Second: The special diets, which are prepared as part of the treatment for a definite disease. At the present time there are twenty-six special diets being prepared for our patients.

"All these matters of diets are in the hands of two trained dietitians who interpret and carry out the physician's orders in regards to your diet.

"The regular hospital diet is planned by the dietitians for digestibility and suitability. Take the case of a surgical patient. After the op-

eration the doctor orders a liquid diet for a certain period of time. As the patient improves he is put on a soft diet consisting of soft and liquid food. During convalescence a light diet followed by a general diet is given, the latter including the largest variety of foods. However, for most patients the general diet includes only the latter part of their stay.

"An example of the special diet would be an 'anemic diet' prescribed for a patient suffering from anemia. This diet is planned to contain the foods high in iron which are suitable in building the blood and supplying the element which is lacking or deficient.

"With the special diets there is usually less variety of food. In some cases it is necessary to limit the salt, sugar, meat or liquids from the diet.

"In diabetic diets the quantity as well as the quality of food is important, necessitating careful weighing or measuring of food. In these cases the doctor and dietitian explain to the patient the importance of his or her cooperation. The likes and dislikes are noted and an attempt is made to serve only the foods desirable to the patient because of the ordered restriction.

"Reading Hospital dietitians not only plan the meals, but their duties include food purchasing, planning and supervision of preparation and serving of food for the patients as well as the entire hospital personnel.

"They also teach the student nurses a certain amount of theoretical and practical dietary work as required in the nursing course and teach dispensary patients who have been ordered on diets.

"All these duties are regular daily routine with the dietitians, and although patients may not be aware of the fact, all their meals are planned and balanced as a supplementary treatment for the disease from which they are suffering. For undoubtedly diet is a large factor in the cause, cure and prevention of many diseases."

FORTY YEARS OF SERVICE

Deaconess Hospital, Evansville, Ind., this month celebrates its fortieth birthday. Albert G. Hahn, business manager; Sister Lena Braun, superintendent of nurses, and Sister Lena Appel, matron, have held their respective posts since 1923, and during that time the net worth of the institution has increased \$206,000.

? The Coffee Problem ?

If you have in your hospital a "*coffee problem*," the following recent incident will interest you: In the short space of three months, the dietitian at a high-grade hospital of considerable size had used *six* different blends of coffee—and she was still having trouble. The prices paid led us to believe that, in all probability, there were several good coffees among the six. But coffee blends differ, one from another, and a succession of quick changes was merely leading to a confusion of reports—and prolonged trouble.

The Solution:—

Such a problem calls for two equally important procedures:

First: Select a *good* coffee offered by a highly reputable house. Let the representative of such a house help you make your selection. Pay a fair price, a price in accordance with the quality you desire. Use enough of that coffee to prove its quality—give it a fair trial.

Second: Adhere to your choice, once you have made it. Nothing is more important than *uniformity* in coffee. Frequent changes break down that uniformity, and your problem remains unsolved. If you have selected a *good* coffee, why change to another?

A Calumet Suggestion

Golden Blend is *our* answer to *your* coffee problem. For forty years Golden Blend has been a standard of quality among superintendents and dietitians because it is

Always—Delicious in flavor.
Uniform in blend.
Reasonable in price.

Standardize Your Coffee Requirements

ARISTON FOOD SPECIALTIES
STANDARDIZED --- FOR INSTITUTIONS
Gelatine Desserts --- Baking Powders --- Coffees and Coffee Cereals --- Teas and Tea Bags --- Cocoas and Chocolate
Extracts and Flavors --- Spices and Herbs --- Pudding Powders --- Marshmallow Topping --- Magic Cleansing Solvent
Calumet Tea & Coffee Co. 409-411 W. HURON ST.
CHICAGO --- ILL.

Eight States Represented at Chicago Gathering of Dietitians

By BERNICE E. SWARTZ,
Dietitian, Chicago Lying-in Hospital

THE annual midwest conference of dietitians was held in Chicago January 29 and 30 with an attendance of 150, representing eight states. Out of the gathering came the formal organization of the Illinois State Dietetic Association, which considered this conference its first annual session.

Millie E. Kalsem, Cook County Hospital, was re-elected president of the state association, and the following other officers also again were chosen to fill their respective posts: first vice-president, Anna E. Boller, Central Free Dispensary; second vice-president, Evelyn Smith, assistant professor of management, University of Illinois; secretary, Ella M. Eck, University of Chicago Clinics; treasurer, Bernice Lane, Methodist Hospital, Peoria.

Friday morning groups of dietitians went "tripping" about the city to produce, fruit and vegetable markets, to Cook County, Presbyterian and Michael Reese Hospitals, to the play school of the Infant Welfare Society, or to the Merchandise Mart kitchens and N. B. C. radio studios.

Faith McAuley, professor of institutional economics, University of Chicago, had charge of the market trips. The girls were all thankful that Old Man Weather didn't drop the temperature until after lunch.

Friday afternoon Miss Kalsem presided at the session at the Belden-Stratford Hotel. Dr. A. W. Bitling, director of food administration, A Century of Progress, gave us an outline of the foods show, which will open in June, 1933. The displays in the exposition are to picture the story of food production. Dr. Walter G. Eddy, professor of physiological chemistry, Columbia University, told us that vitamin C has been isolated and found to be the basic constituent in an opium derivative. Heat doesn't destroy vitamin C, but oxidation does, says Dr. Eddy.

Friday evening the annual dinner of the Illinois and Chicago Dietetic Associations was served to more than 100 dietitians and guests. Dr. A. J. Carlson, chairman of the department of physiology, University of Chicago, gave a lecture on "Thirst." Thirst may mean various things to most of us and it typifies much more to a physiologist. Among our after dinner speakers were the following

guests of honor: Solomon Strause, M. D., associate professor of medicine, Rush Medical College; Martha Koehne, Ph. D., president, American Dietetics Association; Frances Swain, M. A., president, American Home Economics Association; Fannie M. Brooks, R. N., B. A., president, Illinois State Nurses' Association; Bert W. Caldwell, M. D., executive secretary, American Hospital Association.

Saturday morning, Sarah Elkin, president, Chicago Dietetic Association, presided. Dr. Max Cutler lectured and had films showing the use of radium in treating cancer. So far diet is not playing an important part in treatment of cancer. "We'll see," says the dietitians.

Dr. William Rose, head of the department of physiological chemistry, University of Illinois, gave three classifications of amino acids to nutrition—indispensable amino acids, those amino acids which appear to be dispensable, and those whose importance to nutrition is unknown.

At luncheon Saturday Helen Bennett sharpened our wits with her inspiring and modern talk concerning the coming Century of Progress.

Miss Smith, second vice-president, presided Saturday afternoon. Dr. Lydia J. Roberts, chairman, department of home economics, University of Chicago, prescribed a major in foods and nutrition. In addition to the recognized curriculum for the above, Major Dr. Roberts suggested that dietitians have an understanding of anatomy, histology, psychology, economics, child care, and nutrition.

Aubyn Chinn, health director of the National Dairy Council, gave an interesting talk concerning milk and how its value is presented to the school children of America.

The Belden Stratford Hotel served a delightful and delicious tea as conclusion to a very instructive and enjoyable convention.



Arnold Shircliffe, manager of a group of hotels of which the Belden Stratford is one, made our convention a very happy one.

Hospitals Inspected by Dietitians

Hospitals desiring to have their courses for hospital dietitians approved by the American Dietetic Association are being inspected by members of a committee of the education section preliminary to the preparation of the 1932 list of approved courses.

Inspection by this committee was carried out for the first time in 1931 when 71 hospitals throughout the United States were officially approved as having courses that met the requirements of the association.

First inspections this year were made in the east, and every hospital seeking approval of the association will be visited by representatives of the committee and inspected.

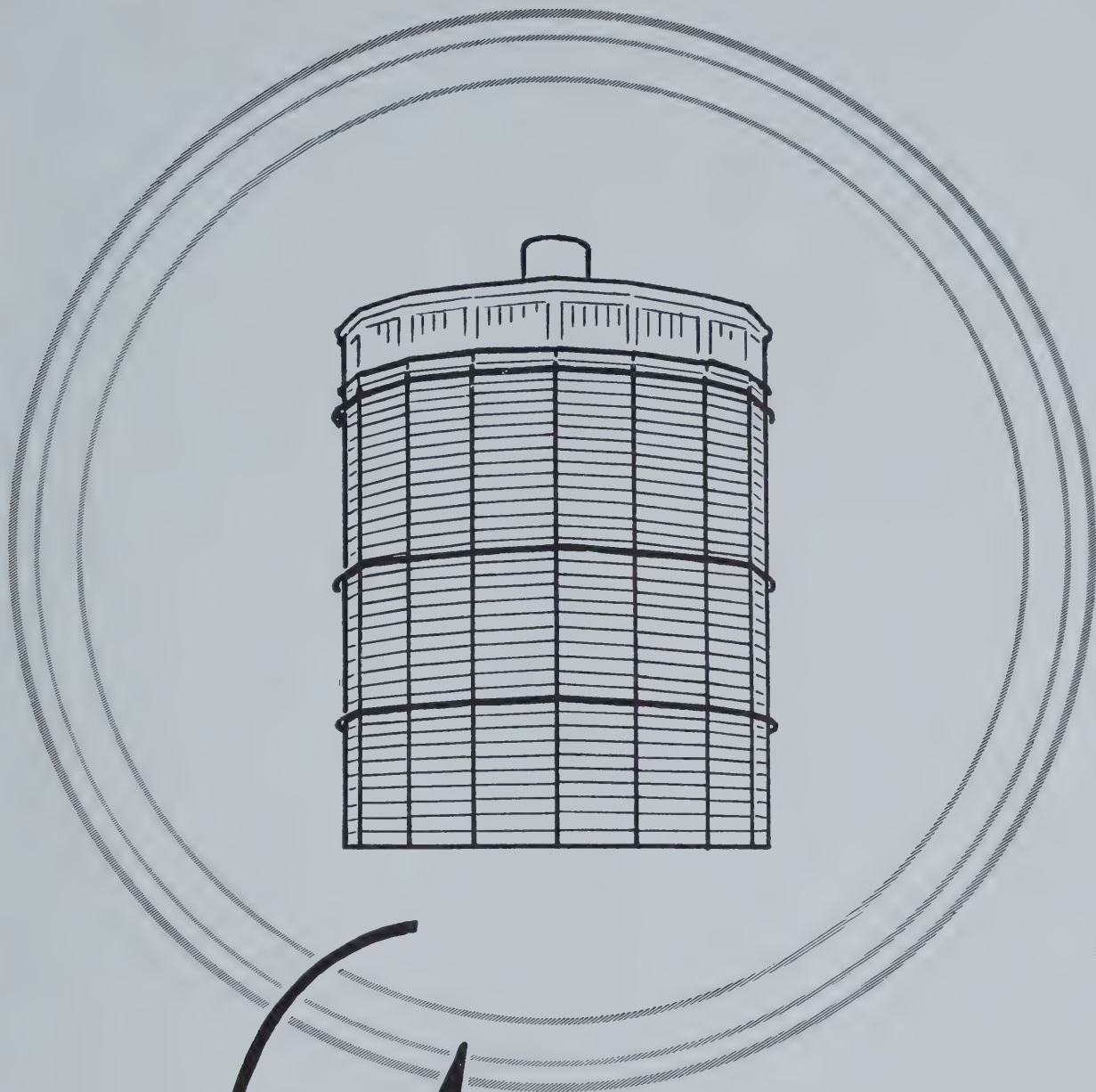
Headquarters of the American Dietetic Association are at 185 North Wabash Avenue, Chicago. Martha Koehne, Ph. D., University of Michigan, Ann Arbor, is president of the association.

FUTURE PROGRAM

The Massachusetts Dietetic Association makes up its program at the start of fall activities, for the full term of meetings or until summer vacation time. The 1931-32 program, for instance, which was distributed last fall, gave members information concerning speakers and dates of meetings until May 17. At the October meeting Ruth Atwater, National Cannery Association, was the speaker, while Elizabeth G. Fox, New Haven Visiting Nurses Association, was on the November program. In December the program was in charge of student dietitians of Boston hospitals. Last month Dr. John Lovett Morse, professor of pediatrics, emeritus, Harvard Medical School, spoke on "Food for the Infant and Young Child." The February meeting was devoted to a consideration of "Administrative Procedures," the speaker being William Davis, manager, Riverbank Court Hotel, Cambridge. On March 8 Dr. Reginald Fitz, visiting physician, Peter Bent Brigham Hospital, Boston, will talk on "Changing Problems of Dietetics." The April speaker is Dr. Herman L. Blumgart, associate professor of medicine, Harvard Medical School, April 12, and on May 17 the annual business meeting will be held. All meetings are held at the Women's Republican Club, Boston.

Officers of the association include: Rosina Vance, Baker Memorial Hospital, Boston, president; Charlotte R. Schwamb, West Roxbury, vice-president; Marion Floyd, Massachusetts General Hospital, corresponding secretary; Barbara Wilson, Newton schools, Newton, recording secretary; Mary Robertson, Massachusetts Memorial Hospitals, treasurer; and Mande Lacey, Peter Bent Brigham Hospital, parliamentarian.

Besides the meetings, the association sponsors occasional field trips.



Gas

FOR HEAT
WHEREVER HEAT
IS NEEDED

From the jeweler's tiny torch to the mighty blast furnace. The free book "Gas Heat in Industry" tells the whole story. Send for it.

AMERICAN *Gas* ASSOCIATION

420 Lexington Avenue, New York

Some Features of Central Service At Albany Hospital

A Few Changes in Duties and Routine of
Food Service Department Necessary in
System Eliminating Floor Kitchens; Many
Advantages, Including Lower Costs, Listed

By JOHN G. COPELAND, M. D.

Superintendent, Albany Hospital, Albany, N. Y.

ON each floor there is appointed a diet nurse who is responsible for all diet orders and who alone may call the department for corrections, thus eliminating duplicate and contradictory orders and lessening the number of telephone calls. In the morning the diet nurse sends to the diet department a list of the patients on her floor and the diet ordered for each, together with any information regarding personal desires and the needs which may affect a tray. A clerk transfers this information to the diet control sheet, the working record of the department. Every bed in the hospital is listed on these records. Columns are provided with spaces for the name of the patient, the doctor, the special nurse, the diet ordered, diagnosis, and remarks. It is the duty of the diet clerk to record changes on these sheets promptly. All the information regarding the patient is transferred to a diet card to be clipped in his napkin ring. Since these diet cards vary in color according to the type of diet, it is easy to see at a glance what the patient may have, greatly expediting tray service. Because of the detailed information on these cards they are not sent to the patient, but a second one, or place card, with the patient's name and room number is also clipped in the napkin ring and is left in when the diet card is removed by the dietitian, as previously described. The diet cards are returned to the diet clerk for checking at the end of a meal. She receives by telephone any changes in diet and special orders. All telephone calls are written in a note-book and checked when filled. This note-book is time stamped at 15-minute intervals, making it possible to trace errors easily.

Accompanying her diet sheet, the

floor nurse sends a list of nourishments she knows will be needed for the day. Extra nourishment orders must be telephoned to the diet clerk. A maid makes up all nourishments in bulk, leaving a sufficient supply on hand to last through the night. A night duty maid serves the night orders, which must be receipted by the floor nurse, time stamped, and returned to the dietitian. Such a system makes possible a reasonably good control of supplies.

Sippy diets with their hourly feedings at first presented the most difficult problem. This was solved by sending the milk and cream mixture in thermos bottles to the patients' rooms twice a day, the extra servings of cereal, eggs, etc., being sent by the nourishment nurse at the required time.

It has been our experience that central service has provided the following advantages over floor kitchen service.

I. Space which otherwise would be used for floor kitchens is used for patients' rooms, thus increasing revenue.

II. Noise and odors on floors are eliminated or reduced.

III. Nurses are relieved of all responsibility in serving trays. This time is now used in nursing care.

IV. Better tray service is given, since having all trays checked by dietitian:

(a) More nearly eliminates mistakes in diet.

(b) More nearly insures that trays are hot.

(c) Emphasizes attention given to garnishes.

(d) Insures uniform service—special nurses are not likely to consider patients other than their own. First served receive the choice.

V. Advantages are gained by the maids and kitchen help, because under supervision:

(a) They are taught to work efficiently.

(b) They are taught proper care of equipment and a respect for property.

(c) There is an incentive to work harder since merit is acknowledged and rewarded.

(d) They learn courtesy, cleanliness, and simple hygiene.

VI. Greater use of labor saving devices is possible and actually less equipment is necessary, eliminating ward kitchen equipment.

VII. Equipment lasts longer, because:

(a) It is less likely to be abused.

(b) Repairs are made as soon as needed.

VIII. There is better control of food.

(a) Supervised serving eliminates waste.

(b) There is no lunching on wards.

(c) There is no ice box on the floor in which to tuck away extras.

(d) Trays served visitors must be accounted for and charged.

IX. Better control of waste is provided.

(a) Returned food is checked.

(b) Trained scrapers seldom throw silver into the garbage.

X. Actual economies were produced in:

A. Food costs. (For the 12 months' period following the installation of central service, 1928-1929, raw food costs were reduced 9 cents per person per day as compared to the year 1927, when ward service was in effect. The actual figures are from 62 cents in 1927 to 53 cents in 1928-1929.) For 1931 the figure is \$0.399. Of course, there has been a decided drop in the unit price of all food stuffs—about 10 per cent.

B. Breakage.

1. China breakage averages \$0.0045 per patient per day. A good grade of china is used, and chipped or cracked dishes are discarded.

2. Total breakage averages \$0.009 per patient per day, yet very thin, long-stemmed glassware is used.

3. This low breakage is the result of:

(a) Careful supervision of help.

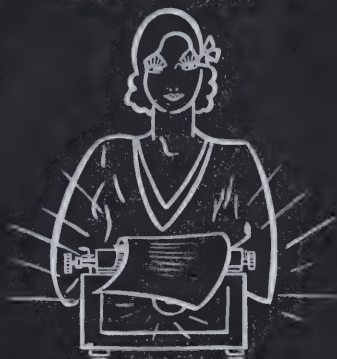
(b) Efficient planning of serving stations, reducing the number of accidents.

(c) Very short distances trays need to be carried on floors.

C. Labor costs. (Although several

Excerpted from a paper before 1931 A. H. A. convention.

SALLY FIZZ STENO'



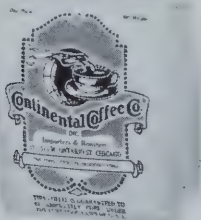
WHAT A CRITIC

Even After An Appendectomy--

NOT even the strain of Sally's recent much-to-be-talked-about operation can cool her ardor as a connoisseur. She wants the best and no substitutes. For instance—just you serve her meals with a coffee that isn't "just so". You will know about it in a hurry—politely but emphatically.

Sally is typical of thousands of other patients you must please at meal time. Pleasing them often rests on the meal's final impression, the coffee. Continental Coffee eliminates all doubt—it is so unvaryingly delicious, wholesome and pure. Patients and staff appreciate it; just as hospital authorities appreciate it.

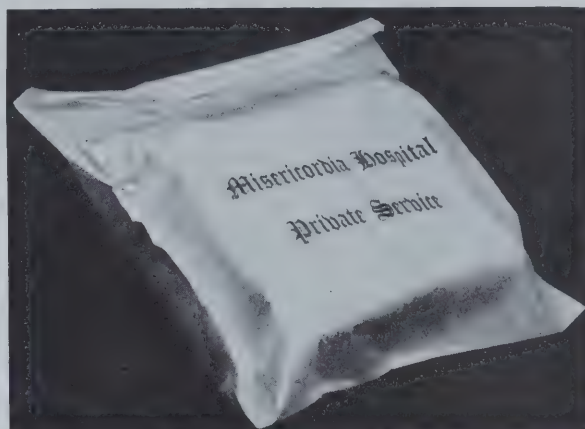
TRIAL OFFER--Order thirty, twenty or ten pounds. Use 10% for quality test. If you are not satisfied, return the remainder at our expense and you will owe us nothing. Do it now.



Continental Coffee Co.
INC.

"The Coffee with the Delicious Aroma"
IMPORTERS ROASTERS
371-375 W. Ontario St., Chicago, Ill.

WATERPROOF • DUSTPROOF



Save on Printed Bread Envelopes

Since introducing glassine bread envelopes to hospitals we have not ceased our efforts to give you a better envelope at lower cost. Our modern equipment and wide distribution enable us to more than meet the modern demand for low prices. So we urge you to write us for prices on both printed and plain bread envelopes in 5½x 5½ inches and other sizes. Use coupon below to obtain prices and samples free of charge.

Economical. Attractive

It takes but a fraction of a second to slip crackers, bread, or sandwiches into AaJo Bread Envelopes. Then the food is protected from dust and germs on its trip to the patient. And the contents are kept kitchen fresh for hours! If you are not already using bread envelopes to protect foods and beautify private trays, write us for prices and a free trial supply.



AATELL & JONES, INC.

AATELL AND JONES, Inc.,
1314 South Howard Street,
Philadelphia, Penna.

1. Please send me free samples and prices of AaJo Bread Envelopes ☐
2. Not using bread envelopes now—send free trial supply and prices ☐

We serve private trays daily.

Name Position

Hospital

City

H. M. 3

salaries have been increased, labor costs have been reduced from \$0.1744 to \$0.142. These figures include all labor required for administration, preparation, and service of all meals and all between-meal nourishments for 24 hours. The entire salary of all employes in the food department is included, no consideration being taken of time spent in teaching, etc.)

XI. An unusual kitchen interests the public and is good advertising for the hospital.

In 1927 under floor kitchen service the cost of raw food per person per day was 62 cents. Early in 1928 central service was introduced so that in 1929 the raw food cost per person per day was reduced to 53 cents. The experience so far this year has reduced it to 40 cents. Of course, during the past year there has been a considerable drop in the cost of all foodstuffs. The labor cost under ward service in 1927 was 17.4 cents per person per day. This was reduced to 14.2 cents per person per day for the year 1929. In 1931 there was a slight rise over 1929, due to rearrangement which provided for a more elaborate service for some of the private rooms, involving additional labor.

The following points are to be considered in relation to central service:

1. Cooperation of other departments with the dietary department is imperative.

2. To secure cooperation, the dietary department must maintain a high standard of service, which is possible only when efficient equipment and reliable help are provided.

3. Central service works most efficiently where it is possible to standardize the majority of the diets and under the proper conditions as regards the existing facilities.

Illinois Tries Out Cafeteria System

The experiments the department has been making in feeding patients in its mental hospitals by the cafeteria system surpasses all expectations and is a great improvement over the old method, says the bulletin of the Department of Public Welfare, Springfield, Ill. It has been in effect in the men's dining room at the Elgin hospital for some time, was recently installed in the veterans' division of the institution, and will soon be in operation in the women's general dining room.

At Elgin, 300 men are nicely served with steaming hot food in 15 minutes in as orderly manner as one would expect in a commercial restaurant. Each man enters the dining room with clean face and hands and

with combed hair, takes a tray with knife, fork and spoon, then a plate with bread, and quietly passes down the counter where he is served by patients under the direction of a single employe. He then goes to his table and eats his food. Many re-

turn to the counter for a second helping. When the meal is finished, each man takes his tray and dishes to the scullery.

The patients are loud in their praise of the change from the old system.

Suggestions on Buying Canned Foods for Institutions

"THE article, 'Buying the Institution's Canned Goods,' in January 'Practical Home Economics' is of interest to dietitians," says Margaret D. Marlowe, executive dietitian, Methodist Hospital, Indianapolis. "It is also noteworthy to think of the extent to which canners have scientifically improved their products in order to make them more comparable to fresh fruits and vegetables.

"Dietitians, I think, are thoroughly versed in the benefits of canned foods. Purchasing by brand or label, one is able to use an established quality of food products during the year. Purchasing in quantity, one is able to save financially if the purchasing agent is well versed in food buying.

"Canned foods have become an essential reserve in case of emergencies. The article contributes truthful facts in regard to the saving to an institution when buying in large quantities. However, in the face of the present economic depression I feel that it is better to buy on the floating market because prices have not been stable, markets have not been stable due to the fact that an undue amount of pressure has been placed on competition and firms could not maintain the market firmness and stability of former days.

"Purchasing is not only an art but a very human undertaking demanding much common sense to make it fit and meet the needs of market fluctuation."

The article referred to is by Lita Hindman.

"Science," she writes, "has done much to improve the canning industry and has destroyed among intelligent and well read people the old prejudices against the use of the commercial canned product. . . .

"The dietitian in charge of the institutional dining-room relies to a great extent on the can. Even though she gives her patients fresh vegetables and fruits in season, she depends upon canned goods for convenience, for saving labor, for variety throughout the year, and to save expense. . . ."

In discussing methods of buying

for institutions, Miss Hindman says:

"The available funds and distribution of such determine to a great extent the quality, quantity and method of buying canned goods. If the funds are limited, it is advisable to buy what can be paid for immediately, thus gaining advantage of the discount. The institution with plenty of money will probably buy in larger quantities, get better prices by purchasing in such a manner, take advantage of all discounts, and receive better service. The institution which buys with discretion in regard to its ability to pay bills on time will never have any difficulty in getting service. . . .

"The buyer who depends on the hand-to-mouth buying may find herself unable to get a desirable product late in the season, may be inconvenienced by delays in transportation, and may lose money due to absolute need of an article without sufficient time to compare products and prices of different firms. The future buyer will arrange the deliveries to suit her convenience and check on prices and amounts when delivered. She has the protection of not having to pay a higher price if there has been an advance, and is given the benefit of a drop in price if such has taken place since the placement of her order. . . .

"It is advantageous to be well supplied with fruits and vegetables, even a few canned potatoes, as fresh goods may not arrive when expected, or an emergency may occur and the cook rush to the storeroom to complete the menu. . . .

"Time and money will be saved if the food is bought in containers as large as can be used with advantage. The use of small containers demands more storage space, they take more time to open and prepare, and are more expensive. Most institutions will find the number ten can the best for general use. Tin containers are less expensive than glass and require less care in handling. Such articles as condiments and sauces may be used to an advantage if bought in a small container."

*Which side
of this tray would
tempt your appetite?*

If you were a patient in your own hospital, there are many things you'd change! That tray brought in several times a day — *how does it look?*

To make food service *look* more inviting . . . give it the background of Milapaco Paper Tray Covers. You'll find that their beautifully embossed, crisp appearance adds a delightful touch that patients appreciate. And the cost is negligible — there is no laundering expense, no replacement of expensive linen.

May we send you samples of some of the preferred designs of Milapaco Paper Tray Covers? There is no obligation.

Other aids to food service include Milapaco Lace Paper Doilies, Paper Napkins, Butter Dishes, Souffle Cups, Baking Cups, etc.

MILWAUKEE LACE PAPER COMPANY

E. Meinecke Ave. and N. Gordon Place—Milwaukee, Wis.
98-100 Bleecker St., New York • *Offices in Other Principal Cities*

Milapaco
Lace Papers of Character
REG. U.S. PAT. OFF.



**A WISE DECISION BY
SUPERINTENDENT, CHEF,
AND DIETITIAN**

"GLOEKLER EQUIPMENT"



Responsibility for good food is an important matter in operating the up-to-date hospital. Complete nourishment, natural piquant flavors are necessary to convalescence. Preservation and preparation of foods are best accomplished with Gloekler Culinary Equipment.



GLOEKLER PITTSBURGH PA
MANUFACTURERS SINCE 1856

A Chart for Weighed Foods and How It Is Used

Article of food	Weight, gms.	Measure	Grams						
			P.	F.	CHO	Cal.			
Breads—									
White	30	1 sl. $3\frac{1}{2} \times 3\frac{1}{2} \times \frac{1}{2}$ in.	3	..	16	76			
Whole wheat...	33	1 sl. $3\frac{1}{2} \times 3\frac{1}{2} \times \frac{1}{2}$ in.	3	..	16	76			
Uneda biscuit...	12	2	1	1	9	49			
Eggs	50	1	7	5	..	73			
Butter	5	1 level teaspoon...	..	4	..	40			
Butter	10	2 level tsp. (1 pat)	..	8.5	..	77			
Butter	12	$2\frac{1}{2}$ level teaspoon...	..	10	..	90			
Butter	20	4 level teaspoon...	..	17	..	159			
Milk	110	$\frac{1}{2}$ glass	3.5	4.5	5.5	77			
Milk	220	1 glass	7	9	11	153			
Buttermilk	125	$\frac{1}{2}$ glass	4	1	6	45			
Cream, 40 percent	5	.....	..	2	..	20	
Cream, 40 percent	10	.....	..	4	..	39	
Cream, 40 percent	20	.....	..	8	1	79	
Cream, 40 percent	40	.....	1	16	1	157		
Cream, 40 percent	100	.....	2	40	3	393		
Cream, 40 percent	180	.....	4	72	5	708		
Cereals, Group 1—									
Oatmeal, cooked.	125	5 h. T.....	3	..	15	72			
Cornflakes	20	1 c.							
Macaroni, cooked	100	2 h. T.....							
Shredded wheat.	20	$\frac{3}{4}$ biscuit							
*Farina, cooked.	150	6 h. T.....							
Group 2—									
Oatmeal, raw...	15	3 T.....	2	..	9	44			
*Puffed rice	11	4 h. T.....							
Farina, raw.....	12	1 h. T.....							
Meats and fish..	80	.....	16	13.5	..	187		
*Chicken, roast.	100	Average portion.	20	17	..	233			
Beef, roast.....	100	Average portion.							
Steak, tenderloin	100	Average portion.							
Lamb chop.....	100	2 small or 1 large							
Turkey, roast....	100	Average portion.							
Steak, lean.....	100	Average portion.							
Leg of lamb.....	100	Average portion.							
Mackerel	100	Average portion.							
Oysters	100	.....	6	3	..	51		
*Bacon, cooked..	10	2 slices	1.5	7.5	..	73			
Liquid fat discarded	20	4 slices	3	15	..	147			
Cheese—									
American	30	1 cu. in.....	7	9	..	109			
Cream (full)...	20	1 cu. in.....							
Cottage	60	4 level T.....							
Vegetables, Group 1—									
Celery	60	3 small stalks...	1	..	3	16			
Cauliflower	120	4 h. T.....							
Cabbage	100	4 h. T.....							
String beans....	60	2 h. T.....							
Cucumbers or	.....	.....					
Romaine	50	6 thin slices...							
Lettuce or endive	50	4 to 5 leaves...	2	..	4	24			
Turnip greens...	75	2 h. T.....							
Group 2—									
Spinach	80	2 h. T.....	2	..	4	24			
Butter beans...	20	1 h. T.....							
Carrots	100	3 T.....							
Beets	60	2 T.....							
Tomatoes	100	1 medium							
Onions	50	1							
Asparagus	120	8 stalks							
Mushrooms	45	5 medium							
Turnips	50	$2\frac{1}{2}$ T. h.....							
Okra	50	$2\frac{1}{2}$ T. h.....							
Squash	50	$2\frac{1}{2}$ T. h.....							

*Rose's Laboratory Handbook for Dietetics. All other figures are taken from Bulletin No. 28, U. S. Dept. of Agriculture.

The chart shown above is in use in the dietary department of Barones Erlanger Hospital, Chattanooga, Tenn., Mary T. Peacock, dietitian. It shows the grouping of foods so that average figures may be given for grams of protein, fat and carbohydrate, and total calories in each

group. The chart is adapted from the work of Dr. Jesse Levy, Sydenham Hospital, New York, according to Miss Peacock.

The practical use of this chart is indicated by the patient's menu shown in the second column above. The sheet upon which this is written

Group 3—						
*Corn on cob...	100	1 small ear.....	}	4	..	12 60
Green peas.....	90	5 h. T.....				
Lima beans.....	60	3 T.				
Group 4—						
Potato, white...	130	1 average	}	3	1	32 149
Potato, sweet...	80	1 small				
Rice, boiled (all cooked)	150	1½ h. T.....				
Fruits, Group 1—						
Apricots (canned)	90	5	}	1	1	16 77
Orange	180	1 small				
Grapefruit	200	½ small				
Apple	150	1 average size..				
Pear	120	1 small				
Cantaloupe (a.p.)	300	½ small.....				
Pineapple (fresh)	150	3 small slices...				
Peach	200	1 large				
Strawberries ...	150	1 cup				
Watermelon ...	350	Very large slice.				
Blackberries ...	125	⅓ cup.....				
Huckleberries ..	80	¾ cup.....				
Cherries	80	½ cup.....				
Raisins	25	8 large				
Group 2—						
Figs	40	2	}	2	..	25 108
Bananas	220	1 large.....				
Dates	65	10 large	}	2	..	45 188
Prunes (all a. p.)	70	5 large				
Dried apples....	70		1	1.5	46 202
Dried apples....	35		0.5	1	23 101
Nuts—						
Brazil	35	4 to 5	}	6	21	4 229
Walnuts	35	8 large				
Hickory	35	35				
Almonds (all a. p.)	30	20 large				

How Chart Is Used

Patient					Time		
Doctor					7.45		
Diet— P. F. C. Cal.					12:15	Date,	
55 170 55 1970					5:00	Tuesday	
						11-16-31	
Returned	Given	P.	F.	C.	Cal.		
.....	B— 2 eggs (soft)	14.0	10.0	..	146		
.....	15 gm. w. w. bread toast.	1.5	..	8.0	38		
.....	10 gm. bacon	1.5	7.5	..	73		
.....	90 gm. orange	0.5	0.5	8.0	38		
.....	40 gm. cream	1.0	16.0	1.0	157		
.....	27 gm. butter .....	..	22.5	..	207		
.....	Coffee .....	..	..	..	..
Total		18.5	56.5	17.0	659		
.....	D—80 gm. lamb chop.....	16.0	13.5	..	187		
.....	17 gm. w. w. bread.....	1.5	..	8.0	38		
.....	75 gm. turnip greens....	1.0	..	3.0	16		
.....	100 gm. grapefruit	0.5	0.5	8.0	38		
.....	50 gm. butter .....	..	42.5	..	397		
Total		19.0	56.5	19.0	676		
.....	S— 2 eggs (soft)	14.0	10.0	..	146		
.....	6 gm. crackers	0.5	0.5	4.5	25		
.....	75 gm. baked apple.....	0.5	0.5	8.0	38		
.....	50 gm. squash	2.0	..	4.0	24		
.....	40 gm. cream	1.0	16.0	1.0	157		
.....	35 gm. butter .....	..	29.5	..	271		
Total		18.0	56.5	17.5	661		
		55.5	169.5	53.5	1996		
		56.0	170.0	54.0	1996		

has space at the left of each meal list so that the kind and amount of food returned may be indicated.

If a patient returns food, other food of the same value is immediately returned to the patient, and this food is indicated in the space at the left.

“If we sent you
a set of
**Shock Absorbing
CASTERS**
—would you try them?



All we ask is that you try them—and we will send you a set of these casters, subject to your approval. That's how confident we are that you'll agree with hundreds of other executives in acclaiming these the most marvelous casters you have ever seen. **THEY REALLY ARE.**

At your leisure, with no high pressure sales talks ringing in your ears, you can try and test these casters on your own equipment. Make them prove their outstanding superiority before you buy them—you can be certain that they will.

● Hospitals everywhere are modernizing their equipment with these Shock Absorbing, Rubber Expanding Applicator Casters. Here is a selected list: Jersey City Medical Center, Jersey City, N. J.; U. S. Marine Hospitals; U. S. Veterans Hospitals; Mt. Sinai Hospital, New York; Springfield Hospital, Springfield, Mass.; Margaret Hague Maternity Hospital, Jersey City, N. J.; Orange Memorial Hospital, Orange, N. J.; Moody Hospital, Dothan, Ala.

Write us today for a trial set — specify size—1 5/8", 2", 3", 4", or 5"—and these casters will be sent you at once.

JARVIS & JARVIS, Inc.

Complete Line of Casters and Trucks for Every Hospital Need

102 S. Main St. Branches in All Principal Cities **Palmer, Mass.**

HOSPITAL MANAGEMENT for February, 1932



It's the little appointments
—like **Palmolive**
that help to please your
patients

DON'T think for a moment that the soap you supply to your patients isn't important. It is. Soap is one of those personal, intimate things that help to please your patients. One of those "little appointments" that means so much in impressing patients with your consideration for their comfort and well-being.

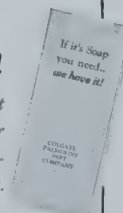
When you supply Palmolive in your hospital, you know you are giving patients the soap

that is preferred to all other kinds. A soap that is recommended by more than 20,000 beauty experts in this country and abroad.

In spite of this quality and prestige, Palmolive costs no more than ordinary soaps. We will gladly send you prices and samples of our five special sizes for hospitals on receipt of your letter. Your hospital's name printed on the wrappers with orders of 1,000 cakes or more.

If It's Soap
You Need
... We Have It!

Send for this free booklet that gives details of our soaps for every conceivable hospital purpose.



PHOSFOAM

Use Phosfoam for washing linens. This scientifically blended powdered soap forms firm, rich suds. Readily soluble, easy to rinse. Made only of vegetable oils. Phosfoam will not harm fabrics. Write for prices and full details.

COLGATE-PALMOLIVE-PHEET CO.
Palmolive Bldg., Chicago, Ill.

NEW YORK KANSAS CITY MILWAUKEE SAN FRANCISCO
JEFFERSONVILLE, IND.

University of Michigan Asks Fees of Students

By Harley A. Haynes, M. D.

Director, University of Michigan Hospital, Ann Arbor

MORE and better training is demanded of the nurse, and this service requires an increased number of instructors and more and more time in academic and clinical work. The increase in academic and clinical instruction has undoubtedly raised the standard of the school, and we feel that under the new arrangement our nurses will be prepared to meet the demands of the general public, the physician and the hospital.

During the past five years the University Hospital nurses have received the greater part of their academic work on the university campus. As an example, anatomy is taught under the professor of anatomy, chemistry under the professor of chemistry, and bacteriology under the direction of the professor of bacteriology. The same requirements are met by the applicants of the School of Nursing as for the admission to the School of Literature, Science and the Arts. No tuition or matriculation fee was charged on the theory that the service rendered the hospital would reimburse the institution for any expenses incidental to their education.

Our records do not substantiate this theory, and therefore arrangements have been made whereby students entering the University Hospital School of Nursing in the fall of 1932 will be required to pay the following fees for the first semester or preliminary period only:

Tuition	\$ 31.75
Matriculation	10.00
Outdoor physical education	7.50
Library fee .....	.75
Room—16 weeks at \$3 per week	48.00
Board—112 days (16 weeks) at \$0.75 per day	84.00
Laundry—16 weeks at \$1.12½ per week	18.00

Total\$200.00

The tuition, matriculation, outdoor physical education and library fees will be paid to the university, and the room, board and laundry to the University Hospital.

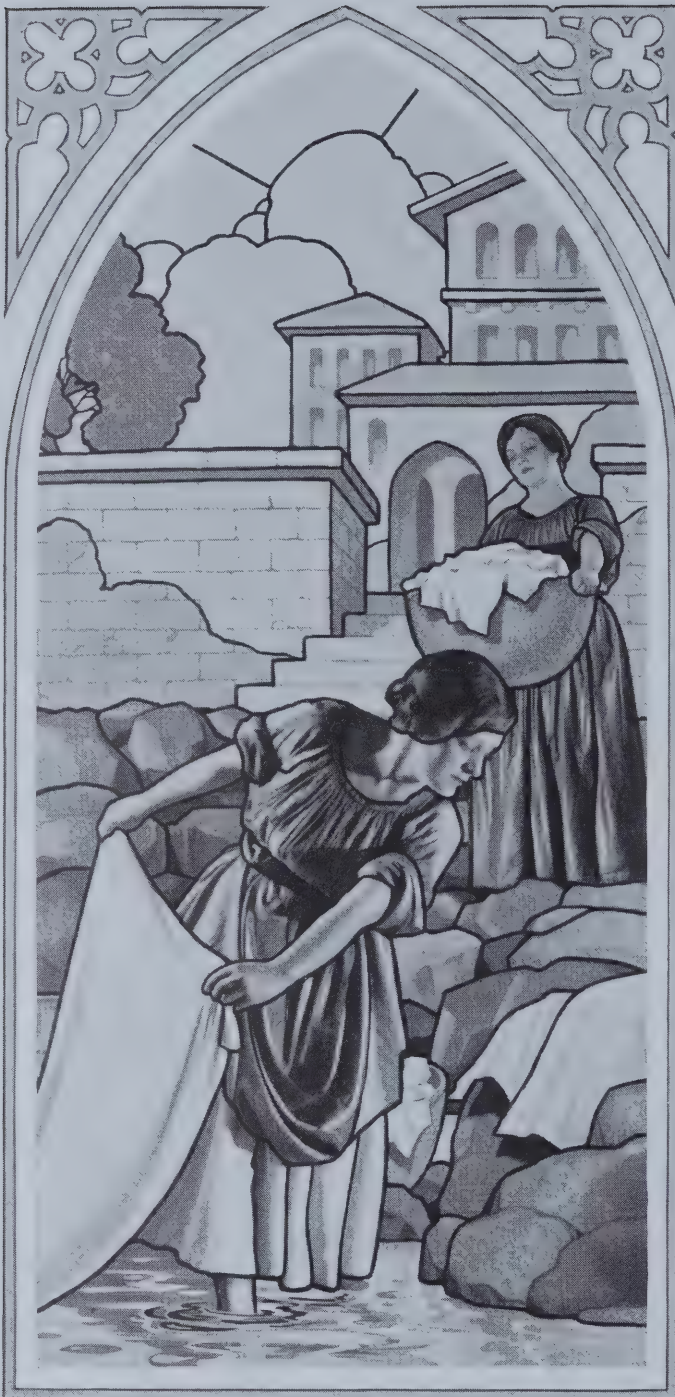
I am of the opinion that the fees charged will represent about the actual cost to the hospital for the training of nurses during the preliminary period of four and one-half months.

Unusual Booklet Tells of Nurse School Of Ravenswood

A MOST unusual piece of hospital literature recently was published by Ravenswood Hospital, Chicago, J. Dewey Lutes, superintendent. The cover is green, the illustrations and decorations lavender. Alternate pages in the booklet are printed on half sheets of green which form a striking contrast to the full sized white pages. On the green sheets are published facts about the hospital and its different departments, and on the full sized sheets information about the school of nursing. The booklet was printed by Physicians' Record Company, Chicago.

Some of the requirements of the hospital, in regard to student nurses, as outlined in the booklet are:

Registration fee of \$5 must accompany each application and is not returnable.



The spotlight may play on a few whose names are forever after written in large letters. But heroic figures alone cannot make history. In the background, dimly seen or unnoticed, must be thousands submerged in humble service.

The tomb of Folco Portinari, philanthropist, founder of Santa Maria Nuova Hospital, is still a hallowed spot in Florence.

No shrine marks the resting place of Mona Tessa, his servant. Her name is all but forgotten. Expecting neither praise nor recognition, she gave endless days in nursing and menial tasks about the hospital, counting it enough to be permitted a share in caring for the sick.

The unsung life of Mona Tessa is the epitome of the truly heroic spirit that has carried the profession of Nursing on.

WILL ROSS, INC., WHOLESALE HOSPITAL SUPPLIES
779-783 No. Water Street Milwaukee, Wisconsin

Avoid infection, confusion, breakage

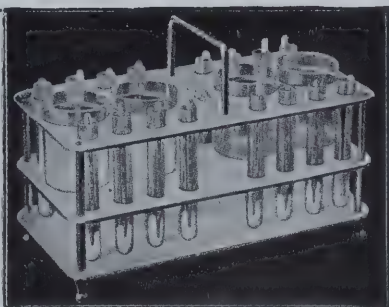
Stanley Thermometer Rack

● **T**HE Stanley Thermometer Rack is a step forward in modern hospital technique because it assures greater protection for the patient.

● Its all metal construction permits of thorough sterilization. A frosted patch on each tube upon which patient's name or number may be written identifies the thermometer, thus reducing the chances of confusion and the danger of infection.

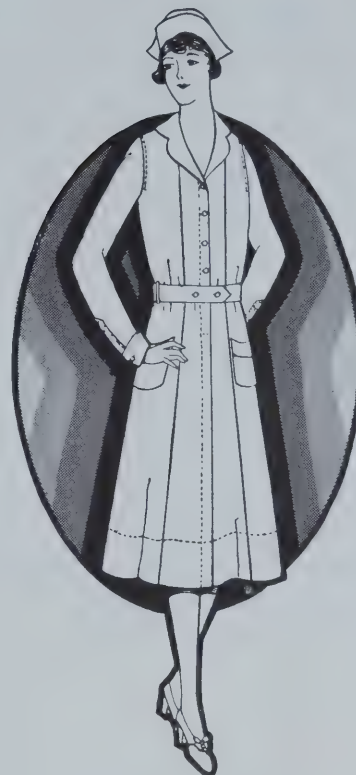
● Three sizes: 8-tube, 5"x5"x4½"; 16- and 24-tube, 9½"x5½"x4½". Four glasses—for clean cotton, soiled cotton, soap and water or saturated cotton, and lubricant—make the Stanley Thermometer Racks complete.

● And they provide *true economy* by greatly lessening breakage. Send for literature and prices.



Stanley
for
Professional
Standards

STANLEY SUPPLY COMPANY
Hospital Supplies and
Equipment
118 E. 25th St. New York



A Tradition in Graduation Uniforms

In many Training Schools, the story of SnoWhite style, value, comfort and low cost-per-year has been handed down from one graduating class to another. As a result it has become a tradition for each succeeding class to specify SnoWhite Tailored Uniforms for graduation.

The same service and satisfaction which these classes enjoy is available to your class. Mail the coupon for details.

SnoWhite Garment Mfg. Company
946-948 N. 27th St. Milwaukee, Wis.



Norinkle Rubber Sheets

More Economical

Next to the fact that Norinkle Rubber Sheets cannot wrinkle and cause bed discomfort to the patients; the most important feature they offer is economy. Under average conditions a Norinkle Rubber Sheet will last from 5 to 7 years. Descriptive folder on request.

HENRY L. KAUFMANN & CO.
301 Congress St., Boston, Mass.

SNOWHITE

SnoWhite Garment Mfg. Co.,
946-948 N. 27th St., Milwaukee, Wis.

Gentlemen: Send us details on your special service to graduating classes.

Name

Address

City..... State

Hospital

TAILORED UNIFORMS



Security that breeds Assurance

If you use B-D Yale Syringes and B-D needles you know there is a security about the combination that breeds assurance.

Every physician who is sensitive to the value of precision enjoys the "feel" of a hypodermic unit that is smooth and certain in action.

Both B-D Yale and Erusto Needles fit B-D Yale Syringes perfectly. This is not an extravagant use of the word "perfect," because they fit with a scientific exactness that allows for no qualifications whatsoever.

The long life of B-D Yale Syringes is an important factor of economy that may be verified conclusively at the expense of using a few syringes for trial.

Sold Through Dealers

B-D PRODUCTS

Made for the Profession

Makers of Genuine Luer B-D, Luer-Lok and B-D Yale Syringes, Erusto and Yale Quality Needles, D-B Thermometers, Ace Bandages, Asepto Syringes, Armored B-D Manometers, Spinal Manometers and Professional Leather Goods

BECTION, DICKINSON & CO., Rutherford, N. J.

HM-2

Gentlemen: Send me further information on B-D Yale Syringes.

Name

Institution

Address

Dealer's Name

Fee of \$20 charged for loan of uniforms during probationary period.

The student who makes the best all around average in theory and practice during the three year course is awarded \$600 by the board of trustees for post-graduate work in any approved university.

DISCONTINUES SCHOOL

"Our school was discontinued in February, 1931, and officially closed February, 1932, at which time the last member of our graduating class finished her affiliating course in Indianapolis," writes M. Proettinger, R. N., superintendent, Huntington County Hospital, Huntington, Ind.

"There were ten student nurses enrolled last year, and two graduate nurses were employed (surgery nurse and supervising nurse).

"Eight graduate nurses giving full time and two undergraduates giving half time are employed by the hospital at the present time.

"In regard to consumption of materials and supplies, breakage, etc., under graduate system of nursing, I cannot tell if there has been a difference since the graduate staff was organized. I took up the work here at the time the school was being discontinued. I feel confident that a graduate staff of nurses is more economical than a student group. All things taken into consideration, I feel that there are advantages in employing a number of nurses needed instead of maintaining the entire number of students enrolled when the volume of work does not demand that number.

"The average number of patients last year, 14.

"Patients must pay for professional service of a high order, and I find that they are willing to do it. I find that patients are delighted with a graduate staff of nurses, and only words of praise and complete satisfaction come to the hospital office.

"We increased the rate of our inexpensive private rooms and ward beds 25 cents per day, making them range from \$3.25 to \$3.75 per day."

FOOD COST DIFFERENCES

Food cost comparisons are a favorite pastime at round tables and inexperienced superintendents in some instances are prone to lay entirely too much weight on the figures, without considering the many factors that enter into food costs. For instance, a person reporting a high figure may be regarded by others as extravagant, while those who report low figures may be placed in the category of those who buy on price instead of quality. As a matter of fact, however, a number of other conditions may enter into the costs, so that no conclusion worth while can be drawn from the mere statement of the figure itself.

A short time ago a dietitian had occasion to compare quantities of cocoa used by two fairly large hospitals in a metropolitan center. One of the hospitals averaged approximately 430 patients a day for 1931 and during that year consumed 2,350 pounds of cocoa. The other hospital with just about 100 patients less, used about 430 pounds. Thus the first hospital used about five and a half pounds of cocoa a year, per daily occupied bed, and the other required just about a pound and a third a bed. So, if other items that enter into the food budget were consumed in similar fashion, as the different policies of the two hospitals indicated, the costs would vary further.

Incidentally, these two hospitals used just about the same quantity of malted milk, approximately 375 pounds. Thus the hospital which used five and a half pounds of cocoa per bed occupied daily, consumed just about three-fourths of a pound of malted milk, on this same basis, against a pound for the other hospital.

Another hospital, averaging just under 120 patients, reported a larger consumption of cocoa and of malted milk than the other institutions, whose patient average was from 2 to 3½ times as great. This institution used nearly 450 pounds of malted milk and nearly 375 pounds of cocoa in 1931.

A MONTH'S WORK

Here is the work of a recent month of the dietary department of Memorial Hospital, Johnstown, Pa., as told in figures:

Special diet tray served.....	1,329
Private trays	4,176
Ward trays	7,869

Total patient trays.....	13,374
Nurses' dining room.....	10,584
Helps' dining room	3,270
Night nurses	989
Paying guests	20

Total dinng room meals.....	14,863
Total, all meals served.....	28,237



NITROUS OXIDE CARBON DIOXIDE
OXYGEN CARBON DIOXIDE &
ETHYLENE OXYGEN MIXTURES

TIME TELLS!

In the last twenty years in America every so often some new form of anesthetic has been put on the market, sometimes with most startling claims. Most of them vanish as rapidly as they come, because they cannot stand the test of time.

It was just about twenty years ago that NITROUS OXIDE and OXYGEN first came into real use as a major anesthetic. Today, supplemented by ETHYLENE and CARBON DIOXIDE gases, they are more largely consumed than ever before, and the consumption is constantly growing. THE USE OF THESE PRODUCTS HAS STOOD THE TEST OF TIME.

Back of the Puritan Maid label on each and every cylinder identifying the products of the Puritan Compressed Gas Corporation is the reputation of eighteen years in the field. For safety reasons we differentiate our gases with distinctive colors over the entire cylinder, as recommended by the resolution of the International Anesthesia Research Society.

We also offer Anesthetic Equipment, Pressure Reducing Regulators, Bedside Stand Inhaling Outfits, Noiseless Roller-Wheeled Cylinder Trucks, Oxygen Tents, Resuscitation Apparatus, and Wilson Soda Lime.

PURITAN COMPRESSED GAS CORP.

Kansas City Cambridge, Mass. Chicago
2012 Grand Ave. 60 Rogers St. 1660 So. Ogden Ave.
Baltimore Cincinnati Detroit
Race & McComas Sts. 6th & Baymiller Sts. 455 Canfield Ave., E.
St. Paul St. Louis
810 Cromwell Ave. 4578 Laclede Ave.

Write for your copy of our latest booklet, "The Real Story of Oxygen for the Medical Profession." Also catalogues of Latest Oxygen Tents.

★ Have Smart Looking Classes At Graduation Time!



Get ready now for graduation—with chic, professional Dix-Make uniforms. They wear well, tub well and are truly economical.

Write for quotations
and free style booklet.

Dix-Make
Uniforms

WOMEN'S UNIFORMS, Inc.

141 Madison Avenue, New York

Price arguments of "LYSOL" substitutes DON'T HOLD WATER but the substitutes do

The stock in trade of "Lysol" substitutes is a cunning combination of low price plus a deceiving resemblance to "Lysol" in looks and smell . . . But their promise of price economy is as false as their promise of germicidal efficiency.

Comparative chemical tests reveal that "Lysol" contains 20% more germ-killing concentrate and 50% less water than the average figures of 10 substitutes . . . For further proof . . . and complete information on the "Lysol" Yearly Purchase Plan, mail the coupon.

SPECIAL NO-PROFIT-PRICE TO HOSPITALS

\$1.50
PER GALLON

. . . In lots of 10 gallons or more, with a further price consideration under the "Yearly Purchase Plan."

1. *Germicidal efficiency* . . . Positive penetrating bacterial potency even in the presence of organic matter.
2. *Absolute uniformity* . . . Constant laboratory control guarantees uniform germicidal action.
3. *Pure, neutral, safe* . . . Elimination of free alkali and other impurities assure neutral, non-irritating solutions in water . . . Completely soluble.
4. *Wide application* . . . Meets every disinfection problem (personal or otherwise) . . . Serves many needs in ward, private room, operating room, kitchen, laundry and laboratory.
5. *Recognized leadership* . . . For more than 40 years "Lysol" disinfectant has enjoyed the complete confidence and endorsement of the medical profession the world over.



Lysol
Disinfectant

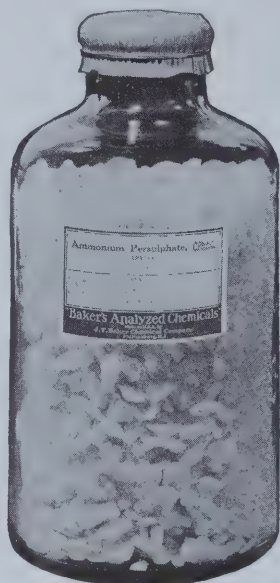


LEHN & FINK, Inc.,
Hospital Dept. N2, Bloomfield, N. J.
Let us know about your Special Yearly Purchase Plan for "Lysol" disinfectant . . . Also send charts proving "Lysol" economy . . . and showing where and how hospitals can use "Lysol" most effectively.

Your Name and Title
Your Hospital City State

OUR C. P. CHEMICALS
ARE
C. P. BAKER'S
ANALYZED

A Complete Stock at Your Call



CENTRAL SCIENTIFIC COMPANY
LABORATORY TRADE MARK SUPPLIES
Apparatus REGISTERED Chemicals
NEW YORK - BOSTON - CHICAGO - TORONTO - LOS ANGELES

PIONEERS

The Present Day

Nurses' Silent Call System
Doctors' Silent Paging System
Lamp Type In & Out Register



Were originated by Holtzer-Cabot

EVERY Holtzer-Cabot installation is the result of the accumulated experience of the oldest and largest manufacturer of hospital signaling systems—the pioneer.

The Holtzer-Cabot Electric Co.

BOSTON

Offices in all



CHICAGO

Principal Cities

Pioneer Manufacturer of Hospital Signaling Systems

X-RAY; LABORATORIES

Radiographers Form Group To Organize Courses

HOSPITAL superintendents and others interested in the organization of some means of identifying an individual's background and experience in hospital administration will be interested to know that the American Society of Radiographers has a Council on Education and Registration which already has held several meetings to work out ways of establishing courses. The cooperation of universities and of leading hospitals is being sought, according to a recent announcement by the society.

This society is comparatively young, its seventh annual meeting being scheduled at St. Louis May 24-27, but it already has indicated its appreciation of the importance of a standardized course of training for those seeking membership. The Council on Education and Registration, which was appointed following a resolution to this effect at the 1931 convention, is composed of Dr. Gentz Perry, Evanston, Ill., chairman; Sister M. Alacoque, R. T., St. Mary's Hospital, St. Louis; Dr. B. C. Cushway, Chicago; and Dr. Roy Kegerries, Chicago. A recent death left the other committee membership vacant.

Cooperation with the various hospital and medical associations, especially those devoted to roentgenology, and the recommendation of qualifications for membership in the American Society of Radiographers and for registration in the American Registry of Radiological Technicians are among the duties of the new Council.

42 PER CENT AUTOPSIES

The laboratories of Rhode Island Hospital, Providence, reported 42 per cent autopsies for 1930-31, and the pathologist, Dr. B. Earl Clarke, paid tribute to the clinical interns "whose splendid efforts are responsible for our high percentage of post-mortems." The laboratory activities, according to the annual report of the hospital, showed an increase in surgical specimens examined, serological tests, blood chemistries, spinal fluid examinations, blood counts, vaccines prepared, and urine analysis, and a numerical decrease in post-mortems (exclusive of medico-legal), bacteriological examinations, blood typings, feces examined, blood cultures and animal inoculations. The department further reported that three volunteer student technicians received two months' laboratory training.

CLEVELAND HOUSEKEEPERS

The Cleveland Chapter of the National Executive Housekeepers Association met in January at the Winton Hotel, Miss Simons, housekeeper, being hostess, with 21 members present. The topic was linens, and Mrs. Frey, president, introduced Dave Parke, New York, to deliver the lecture. Mr. Parke had a showcase illustrating the flax in its different stages, and diagrams showing how single and double damask was made. After the discussion Mrs. Frey handed around a copy of the addresses at the monthly meetings of the New York Chapter, during the year 1930-1931, Mrs. Grace Brigham, chairman.

An interesting subject was the forming of an Ohio State Chapter. A two-day session in Cleveland April 2 and 3 was suggested, to which housekeepers from hotels, clubs and hospitals will be invited. Mrs. Frey appointed the following committee to assist with this undertaking: Mrs. Flenner, Mrs. Newcom, Mrs. Martin, Mrs. Woodhouse, Mrs. Ike, Mrs. O'Toole, and Mrs. Rutledge.

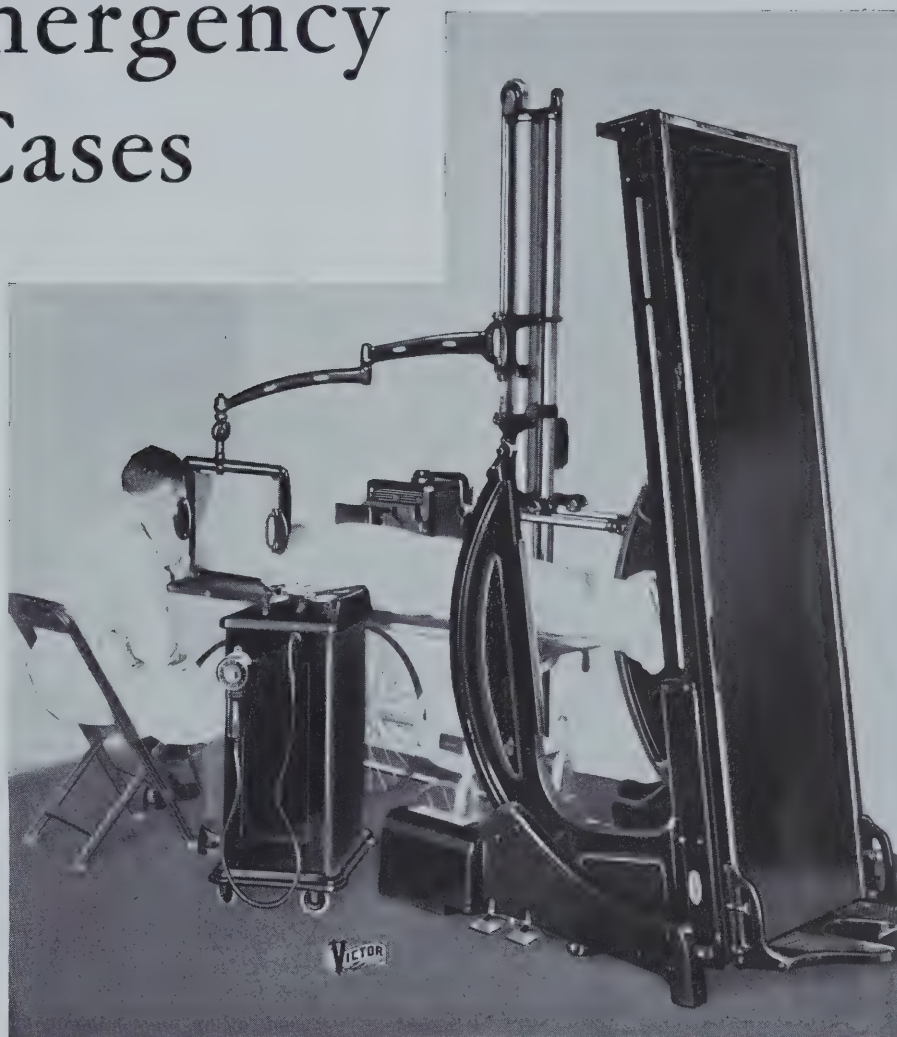
Mrs. O'Toole, housekeeper, Park Lane Villa, offered the Park Lane Hotel for the meeting February 25.

UNIVERSITY SCHOOL

St. Elizabeth's Hospital, Youngstown, O., Sister M. DeLellis, superintendent, recently completed plans whereby its school of nursing became a part of John Carroll University.

Shock-proof Fluoroscopy in Emergency Cases

This procedure is possible only with the Victor Shock-Proof X-Ray unit. The patient's stretcher has been wheeled up to and under the table for emergency fluoroscopy. There is no danger of electrical shock and no mechanical difficulties are involved.



WHETHER it is an injury of the head or of any other part of the body, Victor Shock-Proof X-Ray Apparatus offers ideal means for fluoroscopic examination when the need is urgent.

The patient may be unresponsive, and his condition contra-indicate transfer to the x-ray table, but when it is possible to wheel the patient's cart into position as above illustrated, the fluoroscopic examination becomes a simple procedure, with minimum manipulation of patient.

And regardless of how the surgeon and his assistants may work around the patient and the x-ray apparatus, no one is in danger of electrical shock, as the x-ray tube and high tension trans-

former are completely insulated by oil immersion in the sealed tube head.

Thesameadvantagesholdtruefor radiography. In fact, every type of diagnostic service is offered in the numerous models of Victor Shock-Proof Units available.

ASK FOR BULLETIN 283 WHICH GIVES
COMPLETE INFORMATION

**GENERAL  ELECTRIC
X-RAY CORPORATION**

2012 Jackson Boulevard

Chicago, Ill., U. S. A.

FORMERLY VICTOR  X-RAY CORPORATION

Join us in the General Electric program broadcast every Sunday
afternoon over a nationwide N. B. C. network



Over two thousand
hospitals use
our forms

Superintendents

should have our

**CATALOGS
and FREE
SPECIMENS**

of

Charts and Records

AMERICAN COLLEGE OF SURGEONS
(Standardized Records)

CATALOG No. 10 (100 Miscellaneous Forms)

TUBERCULOSIS RECORDS

OCCUPATIONAL THERAPY RECORDS

VALUABLE RECORD BOOKS

HOSPITAL STANDARD PUBLISHING COMPANY

40-42 S. PACA STREET - BALTIMORE, MD.

Write for samples : : Sent on request

THE RECORD DEPARTMENT

Illinois Mental Hospitals Have Uniform Record System

WITH a view to uniformity in records and the adoption of a standardized form for use in all mental hospitals in Illinois, A. L. Bowen, superintendent of charities, assigned Dr. S. D. Wilgus, state alienist, and F. C. Dodds, assistant superintendent of charities, to inspect the case records in these institutions and particularly to closely observe the condition and scope of the progress notes that are made from time to time. These men visited the institutions at Peoria, Lincoln, Jacksonville, Alton, Anna, Kankakee, Manteno, Chicago, Elgin, Dixon and East Moline in a close check-up of their professional records.

They found a wide variance in the matter of making progress notes, says the Welfare Bulletin. They also found a rather chaotic condition in some instances in the matter of filing necessary papers for future reference and court action, should any arise.

Dr. Wilgus and Mr. Dodds made a comprehensive report of their findings to the superintendent of charities, summarizing it in the following recommendations for a standardized form to be used by the institutions in the future:

1. Strong, substantial folder with large staple fasteners.
2. Designation by each institution of a clinical or efficiency clerk, charged with the responsibility of safe-keeping of folders, their issue to staff members and others, and their return to the files.
3. Clinical clerk to keep a card index of patients by wards.
4. Pages in folder to be well arranged in the order of the subjects on front page and neatly and securely fastened.
5. Photograph to be placed in upper left hand corner of first page.
6. Newly admitted patients to be seen at once by physician in charge, and a short but adequate physical and mental note made at the time; complete physical examination to be made within three days, and presented before the staff within three or four weeks at the maximum.
7. New patients to be re-presented at the end of six months, further re-presentations, being largely a matter of medical judgment; there should be no hesitation in the matter.
8. Progress notes to be made on new patients every three days for the first week, and then every week for the first month, and then monthly for the first six months, and finally every six months during hospital residence, the six-month notes to be a complete physical and mental examination of the patient, including blood pressure and the examination of the prostate in men over fifty, and a vaginal examination in women over forty.
9. Physicians to make twenty-five progress notes per week and sign full name in each instance.
10. Clinical clerk to familiarize himself with these requirements as to notes on patients, and issue five folders per day to each staff man, to be returned the next day with the pink sheet (progress notes) and the physician's longhand notes fastened by a clip to the outside.
11. Each pink sheet, with both sides used for notes, to be properly placed in its own case folder and not carried in a separate folder or file.
12. All progress notes to be made with former notes in front of the physician. They should be full and complete—a history of the life of the patient.
13. Hospital charts to be filed in folder in regular sequence.
14. Final notes on discharges and deaths to be full, complete and in rounded-out form.
15. Correspondence to be kept in separate folder until discharge or death and then transferred to case folder.
16. All histories, notes, and so forth, to be kept in such shape that they may be readily accessible and understandable in court action, should any arise.

"Some central authority in each institution should be designated to assume responsibility for the quality and appearance of all case records. Furthermore, it would be

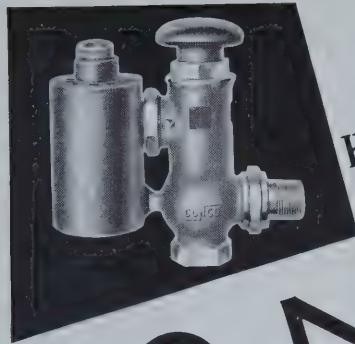
**KEEP
WASTE
IN IT'S
PLACE**

SOLARS

To keep things where they belong is quite necessary . . . especially waste. SOLARS do this efficiently and economically.

Hospitals everywhere are standardizing on the SOLAR SYSTEM OF WASTE DISPOSAL. Write for literature on size and style range.

SOLAR-STURGES MFG. CO.
Melrose Park - - Illinois



High Heating Costs
hit a New Low with

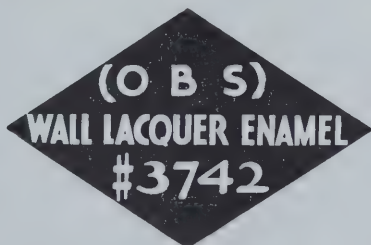
CONCO VALVES

WITH the flow of steam or water to each room automatically controlled so that the exact room temperature desired is maintained, Conco Valves effect a great saving in fuel costs—as high as 30% in some instances. Operates on a variation of one or two degrees in room temperature. Installed like an ordinary radiator valve. You can install one Conco Valve—or one for every radiator. Catalog on request.

We will furnish one or more Conco Valves on 30 days' trial basis as evidence of their accuracy.

Bohn Aluminum & Brass Corporation
CAPITOL BRASS DIVISION
MANUFACTURERS OF BRASS VALVES, BOILER TRIMMINGS AND PLUMBERS' BRASS GOODS
DETROIT-MICHIGAN

*In the long run
it costs less!*



No other wall finish "stands up" as well as lacquer. Building, hospital, and factory superintendents report that lacquer lasts for years and can be washed indefinitely without ruining the original finish.

ZAPON (OBS) Wall Lacquer Enamel #3742 dries quickly . . . odorless, dust-proof and grease-proof, and is, above all, durable.

"The Standard of Quality Since 1884"

THE ZAPON COMPANY

A Subsidiary of Atlas Powder Company

Stamford



Connecticut

Stinting the Pharmacy?



The average total cost of a pharmacy, including salaries, represents only about 3 per cent of total maintenance cost.

Few hospital executives sanction the building of additions which do not reflect the latest ideas in design, layout and beauty. Few would not specify the best in apparatus and equipment. Yet executives frequently turn to the drug department, so vital to the institution, as the place to begin paring down operating costs to meet deficits.

Therapeutic agents are the physician's weapon for battling disease. His prescription is his request for what in his judgment, born of experience, is the most effective agent for fighting each particular case. When your pharmacist is obliged to tell him "We do not stock that remedy," the physician is without doubt handicapped and is obliged to use something in which he has less faith.

Give your drug department the fair deal it deserves. Use of less efficient remedies because of cheaper price is not economy in the long run and strikes at the very purpose for which all institutions are erected. Stock only *the best* in medicines—and that does not apply only to Roche products.

ALLONAL
DIGALEN
PANTOPON

and other Roche "Medicines of Rare Quality" are sold to institutions at special low prices, below what you would often pay for commonplace remedies.

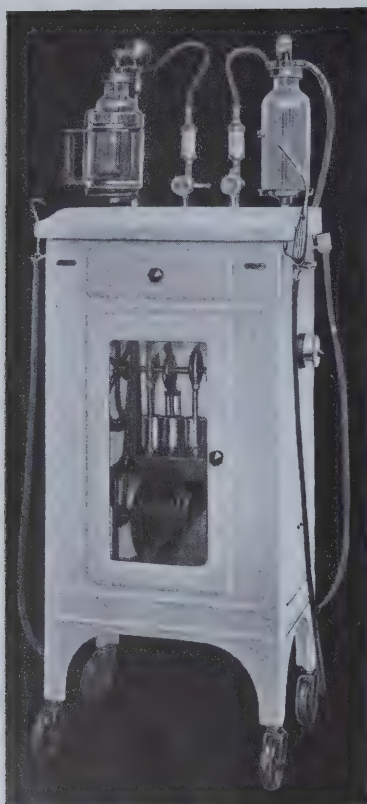
Write for 1932 special price list to our
Hospital Sales Department

HOFFMANN-LA ROCHE, INC.

Nutley



New Jersey



A Complete Anesthetizing, Pressure and Suction Unit, consisting of 1/6 horse-power, motor-driven, four-cylinder pump—two cylinders for suction, and two for pressure; 32 oz. suction bottle, and 16 oz. ether bottle with hot water warming jacket held by Snap-Fit holders—an exclusive feature of Sorensen equipment

SORENSEN Model No. 425

ANESTHETIZING, PRESSURE AND SUCTION OUTFIT

Ultra-sensitive control dials work independently, making it possible to administer ether intra-tracheally when desired. Made of the best materials, this finely appointed steel cabinet has bevel plate glass window, handy accessory drawer, porcelain top, polished nickel trim, Standard finish white proxlin; special colors, extra nominal charge.

Now firmly established throughout the country as necessary equipment in most modern hospitals.

C. M. SORENSEN CO., Inc.
444 Jackson Avenue, L. I. City, N. Y.

DOCTORS and SPECIALISTS

By MORRIS FISHBEIN, M. D.

Filled with contagious humor which is death on quacks and poison to the pompous.



"I'll redouble"



"Just state those symptoms once more, please"

Price \$1.00

History's
funniest satire
of Doctors,
Specialists
and peculiar
Healers

HOSPITAL MANAGEMENT,
537 S. Dearborn Street, Chicago

Gentlemen: Please send me cop of DOCTORS and SPECIALISTS. (Price \$1.00).

Name

Address

The Funniest Book of the Year

well for managing officers themselves to make personal inspection of this work at frequent but irregular intervals."

Copies of the report and recommendations were transmitted by Mr. Bowen to the managing officers of all state hospitals, with the request that the recommendations be put into effect at once.

SYRACUSE ASSOCIATION

Record librarians of Syracuse, N. Y., and its vicinity have an association with the following officers and members:

Lurena K. Bauer, president, University Hospital, Syracuse; Ethel Wilson, vice-president, General Hospital, Syracuse; Mrs. Mildred G. Gay, secretary and treasurer, Crouse-Ingving Hospital, Syracuse; Mrs. Pauline Cockings, chairman program committee, Memorial Hospital, Syracuse; Mabel Green, chairman membership committee, People's Hospital, Syracuse; Sister Dominica, chairman nominating committee, St. Joseph's Hospital, Syracuse.

Members: Sister Emerita, St. Mary's Hospital, Syracuse; Marian Frisbie, Memorial Hospital, Syracuse; Anna Hessler, County Hospital, Syracuse; Alice Hodges, Onondaga Sanatorium, Syracuse; Mrs. Mary V. Koppenhafer, City Hospital, Syracuse; Mrs. Louise Kroon, University Hospital, Syracuse; Ethel Wilson, General Hospital, Syracuse; Agnes McCarthy, St. Joseph's Hospital, Syracuse; Miss Snyder, Syracuse Free Dispensary, Syracuse.

PHILADELPHIA ASSOCIATION

At the meeting of the Philadelphia Hospital Record Librarians at Woman's Hospital, with the president, Miss Casey, in the chair, hospitals represented included Graduate, Hahnemann, Jeanes, Jewish, Lankenau, Misericordia, Stetson, Women's Homeopathic, Mt. Sinai, and St. Christopher's.

AT THE WALDORF-ASTORIA

The new Waldorf-Astoria Hotel, New York, has approximately 2,200 rooms, divided into a transient hotel for the first twenty-eight floors and into apartments in the towers. The estimated capacity for dining is from 8,000 to 10,000 persons. All dining rooms are served by the main kitchen on the second floor. This kitchen is approximately 200 feet square and is located on the second floor because the tracks of the New York Central Railroad Company occupy the space ordinarily used as basement. In its center the ranges, fryers, broilers and roasting ovens, covering a space approximately 100 feet long, are laid out. The range equipment consists of 22 sections of Vulcan ranges, upon which are placed 16 sections of high shelves and 6 sections of salamanders. The broil chef will find his work accelerated by the battery of five Vulcan broilers that have been installed. Two 18-inch Vulcan deep-fat fryers, surmounted by a high shelf, and built into one section, will take care of the frying needs of the main kitchen. In one bay, close at hand, a battery of five Vulcan double roasting ovens will turn out the familiar roasts. In another section of the kitchen, the coffee pantry, are two Savory toasters of 360 slices per hour capacity each, and a Vulcan griddle.

To accomplish the short-order work in the men's cafeteria, a battery of two Vulcan ranges with salamander and high shelf, and a Vulcan-surface combustion broiler have been installed in the serving kitchen. In addition there have been placed two monel metal Savory toasters and a nickel-plated Vulcan griddle.

The all-gas pastry shop is on the same floor as the main kitchen, including two Roberts double-deck, gas-fired ovens with automatic control, an 18-inch Vulcan deep-fat fryer, a Vulcan salamander, a Vulcan confectioner's furnace, and a Vulcan griddle.

The big bake shop has two bake ovens of brick and firebrick construction, one baking chamber being 10 ft. 10 in. by 14 ft., and one 10 ft. 10 in. by 10 ft. The hearths are constructed of smooth red front brick. Each oven has two gas fires.

The approximate monthly use of gas will be 1,900,000 cubic feet. There are more than 300 lineal feet of gas cooking equipment in the building. In addition to the hotel proper, a large Savarin restaurant has opened on the Lexington avenue side of the building. This restaurant is served by five Vulcan ranges, two surface combustion broilers, and a deep-fat fryer.

73 PER CENT BELOW COST

St. Mary's Hospital, Cincinnati, in 1931 recorded 73 per cent of its grand total days' service in free and part-pay work, according to its annual report. Of 43,189 days' service, 11,915 were part-pay and 22,310 free. The donated service for the year totaled 149,508.29. The report showed that while there were 57 less patients in 1931, there were 4,280 more patient days.

"Grape Juice Concentrate"

A PURE PRODUCT OF THE GRAPE.

Nice Christmas Gift

No Imitation

Purity Guaranteed

\$4 for one dozen ten-ounce cans

\$15.75 for 6 one-gallon cans

Express charges prepaid. Directions for use included.

Write

David Nichols Co., Kingston, Georgia

BLACK BOARDS

SILICATE SELOC SLATE
NATURAL SLATE BLACKBOARD CLOTH
Framed or unframed—hanging type or on rollers
Also Silicate Book Slates

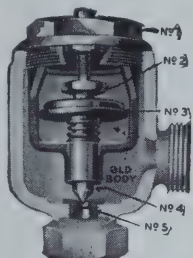
C O R K BULLETIN BOARDS

Oak finished frames or unframed
All sizes: 18 x 24 inches and up

N.Y. SILICATE BOOK SLATE CO.
20 VESEY STREET · · · · NEW YORK CITY

OLD RADIATOR TRAPS

Are transformed into modern, efficient traps by the use of Monash ten year guaranteed thermo element—as per illustration.



Send us one of your old trap bodies. We will fit our element into it and return it to you postpaid for test on consignment.

Monash-Younger Co., Inc.

Established 1890

1315 W. Congress St., Chicago

Gendron

WHEEL CHAIRS and
HOSPITAL EQUIPMENT

4 BIG REASONS Why You Need This Equipment
For Your Institution—



More Quality... More Features...
More Value... At Lower Cost!!

WRITE FOR CATALOG NO. 11 AND
OUR SPECIAL PRICES ON WHEEL
CHAIRS AND WHEEL STRETCHERS!

The Gendron Wheel Company Factory
TOLEDO, OHIO

This Literature May Help You

IF you are interested in acoustical treatment—if you want to know the best method of cleaning floors—if you are planning to rearrange your kitchen, or if other problems of construction or maintenance are bothering you—

You may find valuable help in the booklets and pamphlets listed on page 16. This literature which is published by various manufacturers and dealers serving the hospital field, contains many items of useful information for the hospital executive.

We'll be glad to see that you get any items you want, entirely without obligation. Simply fill out the coupon and mail it to HOSPITAL MANAGEMENT. And if you want specific information about items not listed on these pages, we'll be glad to help you.

Just tell us what you want.

HOSPITAL MANAGEMENT
537 S. Dearborn St.
Chicago, Ill.

Please see that the items listed under the following numbers on page 16 are sent to me. I understand that this involves no obligation on my part.

Name

Hospital

Address

Every hospital should operate its own LAUNDRY

Write for our plan whereby you can install your own laundry and only pay us the actual savings until the plant is paid for.

Kellman-Sycamore Company
Gas Heated Laundry Machinery
*Serving the Hotel, Hospital, Restaurant
and Institutional Field Exclusively*
Sycamore, Ill.

THE Foods and Food Service Department of HOSPITAL MANAGEMENT is the most complete and extensive food department in any hospital publication.

For the superintendent, the dietitian and others who are responsible for the organization and operation of this important hospital function, this department offers a wealth of valuable material.

THE HOSPITAL LAUNDRY Price Per Dozen Sheets, or Cost Per Year?

By J. W. Dunaway

IT is safe to say that no other class of user needs to watch the selection of sheets and pillow cases with a more critical eye than the hospital buyer.

Hospital service, by its very nature, subjects sheets to unusually hard wear, far more severe than is the case in hotels, schools, or the home. Moreover, the overtaxed condition of hospital budgets makes it imperative to observe most rigid economy. No one can be acquainted with the financial problems facing the majority of hospital superintendents and fail to sympathize with their efforts to secure full value for every dollar.

Unfortunately, however, maximum economy is an elusive thing, and in the case of commodities such as sheets, where quality is largely a hidden factor, it is easy to mistake temporary savings for long range economy.

On the basis of various reports and investigations that have come to my attention, I am convinced that many hospitals are paying far more than is necessary for the maintenance of their bed linen, because of mistaken ideas of economy. For one thing, there is a tendency to judge value on the basis of *purchase price per dozen* rather than *cost per year*. In the second place, many hospitals seem to feel that private brands of sheets (those sold under the label of a jobber or supply house) are a better buy than the standard brands of established manufacturers.

Relative to the first point, it must be admitted that few products are more difficult to judge as to quality and value than sheets and pillow cases. It is quite understandable, therefore, that when a hospital buyer is confronted with two or three samples that look identically the same, but vary in price by 10 per cent—or even more—he is tempted to pick the less expensive.

It is equally likely that in doing so he is making a selection that will prove more costly from the standpoint of cost per year. The mere fact that differences are not apparent to the naked eye proves nothing. For example, it would be a comparatively simple matter for us to cheapen our Utica or Mohawk sheets 10 per cent and not even an expert looking at the sheets would know the difference. But we know there would be a difference of considerably more than 10 per cent in the wear the sheets would give.

The only accurate way to judge economy in the purchase of bed linen is on the basis of cost per year, and assuming that every sheet is fairly priced (that is, the price represents actual manufacturing and selling costs plus a reasonable profit), there can be no question but that the better quality sheets will prove the more economical over a period of time.

Note, however, that I said "assuming every sheet is fairly priced." This brings up an important point in connection with the question of private versus standard brands.

I do not, of course, mean to say that private brands of sheets are necessarily unfairly priced, but there is an important safeguard available on standard brands that is not obtained in buying private brands. I refer to the possibility of securing competitive bids.

When an order specifies a standard brand of sheets, quotations may be secured from two or more supply houses, thus enabling the purchaser to make sure he is obtaining the lowest possible price for that particular quality. In the case of private brands, on the other hand, a price can only be secured from the one firm controlling it. There is no opportunity to check price from a value standpoint. True, the price may be compared with quotations on other sheets, but what assurance is there that they refer to the same thing?

Hotels have apparently been quicker to appreciate this advantage than hospitals, as evidenced by the fact that they confine their sheet purchases to the standard brands to a much greater extent than hospitals.

As whether private brands offer better values than the stand-

Utica & Mohawk Cotton Mills, Utica, N. Y.

More than ever before—

Practical Help Is Needed Now!

Theories and ideals have a distinct place in the hospital field, as elsewhere. They serve a useful purpose—they keep hospital personnel “on their toes,” aiming constantly for perfection.

But now, more than ever before, practical, sane, common-sense ideas of value in helping hospital executives meet the many problems engendered by present abnormal conditions are needed.

Always “the practical journal of administration,” *Hospital Management* is meeting this current need for definitely helpful ideas and suggestions with the publication of a wealth of material dealing specifically with current problems—pointing out new sources of income, methods of reducing costs, means of preserving hospital service at its present high point of efficiency.

Nowhere else is there available for the busy hospital executive so much information, so much practical help, in the solution of current hospital problems.

HOSPITAL MANAGEMENT

The *practical* journal of administration

THE time is coming when hospitals will be compelled to carry on educational programs to win and hold support of the public.

Nearly every week brings evidence of the existence of a need for hospital publicity in some community.

HOSPITAL MANAGEMENT foresaw this need years ago and established National Hospital Day.

Nearly five years ago it established "Hospital News", the individualized hospital bulletin, which is published for hospitals in many parts of the country.

A few minutes of your time is all that is required to put an effective bulletin into the hands of wealthy and influential individuals in your community. All the details of writing, editing, proofreading, etc., are handled by "Hospital News."

Write today for sample copies and complete information as to how "Hospital News" can help your hospital.

HOSPITAL NEWS

537 South Dearborn Street
Chicago, Ill.

Published for hospitals by
"Hospital Management"

ard brands, a consideration of the economic factors involved provides its own answer.

The basic reason a supply house has a private brand is to escape competitive bidding and make a longer profit.

It must be obvious, however, that if a line is to show the supply house an abnormally high profit, the manufacturer must in some way skimp on quality. This may take several forms: using an inferior grade of cotton, eliminating some of the processes in spinning, weaving the fabric less tightly or economizing on bleaching. It can readily be understood also that the private brand manufacturer need suffer no great qualms of conscience in resorting to such practices. For one thing, the price has more or less been dictated by the buyer and probably allows him little or no profit. In the second place, the merchandise will not be sold under his name, and if it proves unsatisfactory, his reputation will not directly be injured.

Summing up, the way to economy in the maintenance of bed linen can best be found by observing the following rules: First, specify a standard brand. Second, secure competitive quotations from different supply houses. Third and most important, don't be afraid to buy first quality sheets. They will wear longer—they will require fewer trips to the sewing room—and will cost less per year.

News of Equipment

(Continued from page 16)

No. 213. "Sterilizing Technique Series." Five booklets. Wilmot Castle Company.

Surgical Instruments and Supplies

No. 322. "Handbook on Ligatures and Sutures," 1931 edition. An interesting booklet on the history, preparation, handling and use of ligatures and sutures, completely revised. Johnson & Johnson.

X-Ray, Physical Therapy Equipment, Supplies

Nos. 265-269. "How X-rays Aid the Public"; "X-rays in Medicine." Published by the Eastman Kodak Co., Rochester, N. Y. Also publications "Radiography and Clinical Photography" and "Dental Radiography and Photography."

NEW HOUSE-ORGAN TO HOSPITALS

"Hospital Fabricator" is the title of a monthly house-organ issued by the Marvin-Neitzel Corporation beginning with January. As recently announced, this company was formed by the merger of the E. W. Marvin Company and the Neitzel Mfg. Co., with R. P. Neitzel as president; and the interesting little magazine which will now be issued by the consolidated companies will cover in chatty fashion topics of interest to the hospitals. Any hospital will be placed on the mailing list without charge by request addressed either to the company, at Troy, N. Y., or to the New York City office of HOSPITAL MANAGEMENT, in the Graybar building.

ANNOUNCE NEW PRODUCTS

Davis & Geck, Inc., Brooklyn, recently announced two new products, "D&G Kal-dermic Skin and Tension Sutures," and "D&G Kalmerid Germicidal Tablets." The sutures are offered as non-capillary and unusually flexible and are of a distinctive blue color. The new germicidal tablets were developed to meet demands for a potassium-mercuric-iodide preparation as a general antiseptic as well as a bactericide. The products are described in leaflets available to any one interested. "The Bacteriologic Control of D&G Sutures" is the title of another leaflet of special interest to those connected with operating room service and to surgeons.

NEW WALL COVERING

A new and unique type of wall covering is being introduced for hospital and other use by Congoleum-Nairn, Inc., Kearny, New Jersey. This material, "Sealex Wall Covering," is distinguished by unusual beauty, low cost, ease of application, cleanliness, extreme durability and entire elimination of refinishing expense. Composed of a special composition of cork, pigments and linseed oil, keyed to a fabric backing, it presents a waterproof surface which is impervious to dirt, and which can be kept spotless with a damp cloth. While Sealex Wall Covering makes possible an entirely new type of wall treatment in combination with mouldings, paneling or two-tone effects, marbled or other ordinarily costly decorative schemes can also be carried out at moderate cost. The new material is expected to have wide application in the redecoration and modernization. It can be applied over any type of old wall with little or no preparation.

CLASSIFIED ADVERTISEMENTS

Use this department to secure employment, fill positions which are open, buy or sell commodities or service, etc., etc.

Rates are eight cents per word per insertion. If copy is repeated without change in three consecutive issues the total charge is twice the charge for a single insertion. Instructions to print classified advertisements should be accompanied by

check, money order, or cash in full payment.

If desired, inquiries will be received under a box number at this office and forwarded to the advertiser without extra charge. Count four words for box number.

Additional charge is made for special arrangement of type or unusual set-ups.

SPECIAL COURSES

A COURSE IN CARE OF MEDICAL CLINICAL

Records is open to qualified students at the Rochester General Hospital, Rochester, N. Y. Four to six months. Tuition, \$60. For information address Mrs. Jessie Harned, Medical Librarian. tf

WANTED TO BUY

WANTED—THE FOLLOWING NUMBERS OF the proceedings of the American Hospital Association: Volumes one to sixteen, inclusive; volume 20, 1918; volume 23, 1921; volume 26, 1924. Kindly write stating condition of volumes and price wanted. Ball Memorial Hospital, Muncie, Ind. 232

SALESMEN WANTED

WANTED—SALESMEN CALLING ON HOSPITALS to sell linens and uniforms. Nestel's Products Company, 487 Broadway, New York City. 332

MANUFACTURER WANTS SALESMEN CALLING on hospitals to carry side line of waterproof, rustproof, dentproof wastebaskets, tested and approved by both Good Housekeeping and Delineator Institutes. Also line shatterproof flower vases, outstanding products, attractive appearance, priced right, easy to sell. Arveyware Corporation, 3500 North Kimball Avenue, Chicago, Ill. 931

FOR SALE

DIPLOMAS—ONE OR A THOUSAND. ILLUSTRATED circular mailed on request. Ames & Rolinson, 206 Broadway, New York City. tf

POSITIONS WANTED

SUPERINTENDENT OR BUSINESS MANAGER—

Layman 10 years' hospital and clinic administrator capable of organizing or reorganizing clinic or hospital. Nine years' experience in 500-bed hospital as Assistant Superintendent, Accountant and Purchasing Agent. One year Superintendent and Business Manager of large clinic. At present holding Superintendency of hospital. Box A-404, Hospital Management.

HOSPITAL RECORD LIBRARIAN—YOUNG

lady, well educated, trained Record Librarian, long experience as medical secretary in surgeon's office, desires position as Hospital Record Librarian. Address: M. B., care of Hospital Management. 12-31

SALESMAN—15 YEARS' EXPERIENCE CALLING

on hospitals and institutions, would like to carry one or two lines of merit on the side. Address P. O. Box 64, Woodside, L. I., N. Y.

POSITION WANTED—ASSISTANT SUPERINTENDENT, man, age 24, American, Protestant, B. S., University Chicago. Also some medical, legal and commercial education. Looking for opportunity. Box A-392, Hospital Management.

LADY, 40, REQUIRES POSITION AS CHARGE

in small maternity or general hospital. Competent, reliable—bright, kind disposition. C. M. B. Certificate of England, also Surgical and Medical Diplomas. Graduate of Leeds, England. Would consider good private work. Apply Box A-393, Hospital Management.

POSITIONS WANTED

SUPERINTENDENT OR ASSISTANT, LAYMAN

with 19 years' experience, graduate in business administration, specialist in purchase and supply. Best of references. Box A-394, Hospital Management.

ALLIED PROFESSIONAL BUREAUS OFFERS YOU

pre-selected registrants from the nursing, medical, and college fields, thus assuring you a distinct advantage when seeking qualified personnel. If you need efficient nurses, executives, or any hospital personnel whatsoever, it will profit you to communicate with us immediately. Wire Allied Professional Bureaus, 7th floor, Marshall Field Annex, Chicago. tf

POSITION WANTED—GRADUATE NURSE,

stenographer, in doctor's office, clinic, or hospital. Age 27, experience in supervising. References. Moderate salary. Box A-402, Hospital Management. 12-31

WANTED—POSITION IN CONVALESCENT

Home or Home for Incurables or Masonic Home by graduate registered nurse. Salary no object as possess personal income. Box A-398, Hospital Management. 10-31

FORMER SUPERINTENDENT 160-BED MUNICIPAL hospital desires connection. Can furnish satisfactory credentials. Box A-403, Hospital Management. 132

AZNOE'S CENTRAL REGISTRY FOR NURSES

30 North Michigan Avenue
Chicago, Illinois

AZNOE'S REPRESENTATIVE CANDIDATES AVAILABLE:

(A) ORTHOPEDIC SUPERVISOR—R. N. Massachusetts, New York; 4 months' post-graduate course; good experience.

(B) ANESTHETIST willing combine operating room; R. N. Minnesota, Michigan; 6 months' Operating Room course; 10 months' Anesthesia; 4 years' executive experience.

(C) OBSTETRICAL SUPERVISOR—R. N. Minnesota, 3 months' training; 3 years' supervising Obstetrical department large hospital.

(D) NIGHT SUPERINTENDENT—Mature nurse, registered several states; 7 years' executive hospital work as surgical nurse, Operating Room Supervisor, Night Supervisor, Superintendent. Excellent.

(E) HOSPITAL EXECUTIVE—Registered nurse, graduate 500-bed eastern first rank hospital with 16 years' executive hospital and public health experience, seeks Superintendent, Assistantship, or Directress of Nurses position; very competent. No. 5018.

INTERSTATE PHYSICIANS & HOSPITAL BUREAU

332 Bulkley Building, Cleveland, Ohio

SUPERINTENDENT OR SUPERINTENDENT OF NURSES—Graduate registered nurse. High school graduate; special course in business administration. Age 39. Ten years' experience. Excellent financier. Open for appointment, small hospital.

MEDICAL BUREAU

M. Burneice Larson, Director
Pittsfield Bldg., Chicago, Ill.

ADMINISTRATOR—Graduate of prominent hospital; A. B. degree; fifteen years' executive experience; will combine administrative duties with direction of training school. 212.

SUPERINTENDENT OF NURSES—Cultured as well as scientific background; B. S. degree; ten years' experience in educational and executive work; well informed on current nursing problems. 213.

POSITIONS WANTED

(Medical Bureau, Con't.)

ANAESTHETIST—Graduate of university hospital training school; post-graduate work in surgical technique; course in anaesthesia, Lakeside Hospital; three years' experience as anaesthetist. 214.

INSTRUCTOR—Graduate nurse and B. S. degrees, University of Michigan; four years' teaching experience. 215.

SUPERVISOR—Graduate of University of Iowa School of Nursing; five years' experience as floor supervisor; two years' university training; splendid supervising qualities; age 28. 216.

SUPERVISOR—Graduate of Johns Hopkins; eight years' supervising experience, during which time she was for four years operating room supervisor and instructor in surgery, 200-bed hospital. 217.

SUPERVISOR—B. A. degree; graduate, University Hospital; course in obstetrics, Western Reserve; three years' experience as obstetrical supervisor. 218.

TECHNICIAN—B. S., state university; eighteen months' special training in X-ray and laboratory work; several years' experience; will prove credit to any laboratory. 219.

TECHNICIAN—B. S. and M. A. degree; training in laboratory technique, university medical school; three years, in charge of laboratory, small hospital. 220.

DIETITIAN—B. S. degree; course in student dietetics, Presbyterian Hospital; previous experience: cafeteria management and teaching of home economics. 221.

NORTH'S HOSPITAL REGISTRY, 1065 Peachtree, N. E., Atlanta, Ga.

AVAILABLE FOR POSITIONS:

We have a large and interesting list of nurses qualified by education, special training and experience, to fill the most responsible hospital positions.

Also Dietitians, Technicians, Record Librarians, Housekeepers, Housemothers, etc.

All applications carefully investigated before acceptance. There is no charge to the employer. Write or wire your needs.

NURSE PLACEMENT SERVICE—MIDWEST STATES

1522 Willoughby Tower Bldg.
8 S. Michigan Ave., Chicago, Ill.

We are in a position to supply hospitals and schools of nursing with highly qualified Executives, Instructors, Supervisors, Anesthetists, and General Staff Nurses.

This service is maintained by the State Nurses' Associations of Illinois, Indiana, Iowa, Michigan and Wisconsin.

SOUTHWEST HOSPITAL PLACEMENT BUREAU

602 Mfrs. Exch. Bldg., Kansas City, Mo.

We have available for appointment a group of well-trained Superintendents, Superintendents of Nurses, Instructresses, Nurse Technicians, Dietitians, Supervisors, Anesthetists. Write us your requirements.

ZINSER PERSONNEL SERVICE

Anne V. Zinser, Director
1547 Marquette Bldg.
Chicago, Ill.

Zinser Personnel Service offers a selective service to hospitals seeking qualified graduate nurses, supervisors, instructors, superintendents, dietitians, anesthetists, technicians, physicians.

CLASSIFIED ADVERTISEMENTS

—CONTINUED—

POSITIONS OPEN

AZNOE'S CENTRAL REGISTRY FOR NURSES

30 North Michigan Avenue
Chicago, Illinois

AZNOE'S HAVE POSITIONS FOR:

- (A) ASSISTANT SUPERINTENDENT, New York registered, trained in medium-sized hospital; must supervise operating room. \$112, maintenance.
(B) TRAINING SCHOOL PRINCIPAL for large eastern hospital, maintaining school of highest rank; only able, highly educated executive considered; commensurate salary.
(C) DIRECTRESS OF NURSES, New York registered, for metropolitan large hospital. Salary open.
(D) PEDIATRIC SUPERVISOR, very large California hospital; post-graduate training and experience essential.
(E) SUPERINTENDENT OF NURSES with college degree or 30 points toward it; 200-bed eastern hospital. State salary.
(F) NURSE-LABORATORIAN for small middle-western hospital; \$125. No. 5017.

INTERSTATE PHYSICIANS & HOSPITAL BUREAU

332 Bulkley Building, Cleveland, Ohio
NIGHT SUPERVISOR—With experience. 125-bed hospital, eastern states.
HOSPITAL HOUSEKEEPER—With experience. 120-bed hospital, central states.

POSITIONS OPEN

MEDICAL BUREAU

M. Burneice Larson, Director
Pittsfield Bldg., Chicago, Ill.

TEACHING SUPERVISOR—For contagious department of university hospital having postgraduate training for graduate nurses in contagion; well qualified woman with college degree and special training in nursing of communicable diseases required. 200.

SUPERVISORS—(a) Operating room supervisor; 200-bed hospital; Pacific Coast; \$115, maintenance.
(b) Surgical supervisor; fairly large hospital; Minnesota; Lutheran preferred.
(c) Operating room supervisor willing to act as assistant superintendent; small hospital; graduate nurses only; \$115, maintenance; New York. 201.

DIRECTORS OF NURSES—(a) Well-endowed hospital, 200 beds; 75 students; \$2,000, maintenance; beautiful location.
(b) New hospital located in suburb of midwestern metropolis; present capacity 110.
(c) Eastern hospital; 250 beds; 100 students; considerable training school administration required. 202.

CHIEF PHYSIOTHERAPIST—Must be thoroughly experienced in massage, diathermy, sine, galvanic light, etc.; two assistants; \$150-175, plus board; 300-bed hospital. 203.

OCCUPATIONAL THERAPIST—Director of occu-

POSITIONS OPEN

(Medical Bureau—Continued)

pational therapy department for state hospital; unusually well qualified person required. 204.

SUPERINTENDENT OF NURSES—For hospital devoted to treatment of pulmonary tuberculosis; very fine position offering salary of \$1,800 with complete maintenance, including suite of rooms with most modern recently completed building; suburban location. 205.

NURSE-TECHNICIAN—To take charge of small hospital; graduate nurses only employed; must be qualified in anaesthesia and also X-ray and laboratory work; best of living and working conditions; \$150, maintenance. 206.

CHIEF DIETITIAN—200-bed hospital; skilled manager required. 207.

SOCIAL WORKER—For eastern hospital of 150 beds; preferably someone trained in east; minimum three years' experience required. 208.

HOSPITAL PERSONNEL EXECUTIVE and TECHNICAL

A confidential and individual service offered to those seeking employment. Write for details.

THE NATIONAL BUSINESS BOURSE

Established 1915

20 W. Jackson Blvd., Chicago tf

What's This?---

"A Year's publicity program, designed to encourage donations and more generous co-operation from the public, for \$200 or less?

"Yes, let's send for details about this today."

HOSPITAL NEWS
537 South Dearborn Street
CHICAGO - - ILLINOIS



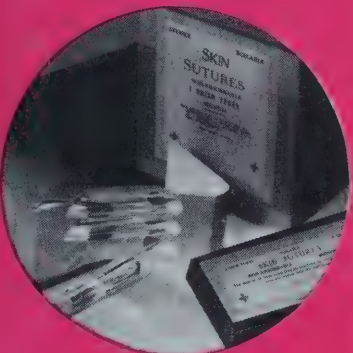
Operating Room Caps

Bleached, sterilizable strong cloth, shaped to conform to head contour when tied behind with the tapes.



Nose and Mouth Masks

4-ply Surgical Gauze. Flexible aluminum nose bridge permits close fitting, eliminating cloudy glasses.



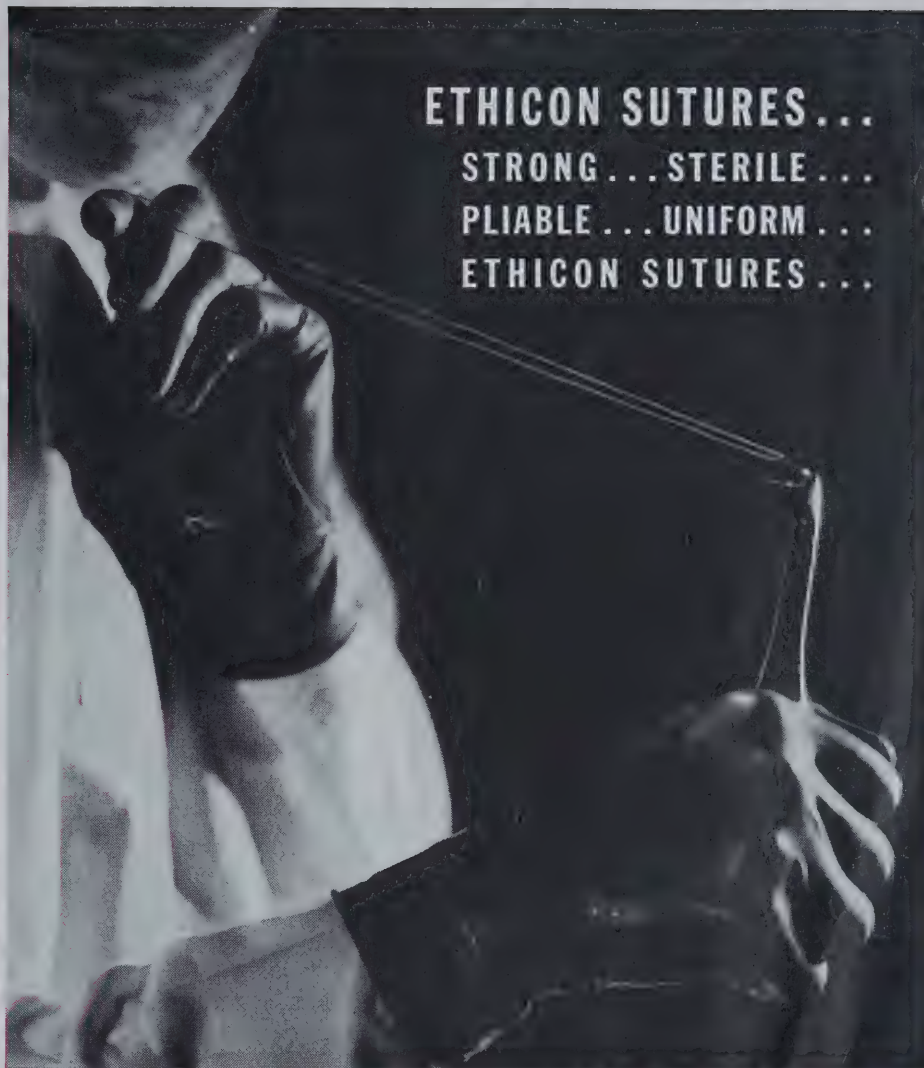
Skin Sutures

Pliable, non-absorbable, dyed green, color-fast. Fine, medium, coarse.



Ligature Storing Jars

Keep tubes completely immersed. Four compartments for orderly storing of the ligatures.



ETHICON SUTURES...

STRONG...STERILE...

PLIABLE...UNIFORM...

ETHICON SUTURES...

● Ethicon Non-Boilable Catgut Sutures are produced in our own special laboratory in the packing house district of Chicago, where each day's supply of sheep's intestines is delivered to us fresh and in prime condition. The Johnson & Johnson suture laboratory is the only one especially located and built for the purpose. Every step of manufacture is carried out under strict laboratory conditions, from the receipt of the fresh intestines until the finished suture material is sent to our laboratories in New Brunswick for testing, tubing and sterilization. Ethicon Sutures are unusually strong and extremely pliable, uniform in size and heat-sterilized. They are ready to use upon breaking the tube—they require no soaking or other conditioning.

ETHICON SUTURES

Let us send you a trial supply—without obligation. Specify size and type desired. Sizes: 000; 00; 0; 1; 2; 3. Plain; medium hard chromic; extra hard chromic.

HOSPITAL DIVISION



Johnson & Johnson
NEW BRUNSWICK NEW JERSEY



STRAWBERRIES

THE food tray may seem a mere detail of hospital service, but nothing leaves a more lasting impression upon the patient. Long after the operation or illness, the memory of the delicious, wholesome food he was served is still vivid in the patient's mind. And, invariably, he tells others.

Serving only the best of selected foods is the one way to insure public goodwill—your most precious asset. That is why the leading hospitals and institutions serve Gumpert's Gelatine Desserts. Their delicate fruit-ripe flavor and rich color—their nutritious and wholesome goodness—satisfy the most exacting requirements for hospital desserts.

Try Gumpert's Gelatine Desserts—compare them with others. With the first taste you'll appreciate the striking difference... and so will your patients. Today—write for a FREE, generous sample. Gumpert's is not the cheapest, but the best.

S. GUMPERT CO., INC.

Bush Terminal, Brooklyn, N. Y.,
Chicago, Ill., Los Angeles and
San Francisco, Cal.

*(Manufacturers and Sole Distributors
of Our Own Products)*

GRAPE	LIME
WILD CHERRY	LEMON
RASPBERRY	ORANGE



GUMPERT'S

GELATINE DESSERTS



802.06
HOSM

Hospital Management

*A Practical Journal
of Administration*

VOLUME XXXIII—NUMBER 1



JANUARY 15, 1932

- ¶ *The Why of Empty Beds* ¶ *"How I Would Plan a Small Hospital"* ¶ *Current Problems of a Big City Outpatient Department* ¶ *Oxygen Therapy Growing* ¶ *New Nursing School Grading* ¶ *Why Not Veterans in Civil Hospitals?* ¶ *This Nursing School Saves Money* ¶ *Ruling Favors Hospitals on Industrial Rates* ¶ *An Unusual Kitchen Arrangement*

More than ever before—

Details of Expenses

	A	B	C	D	E	F
Administration:						
Salaries	\$26,645.04	\$28,447.05	\$18,716.63	\$13,470.34	\$15,745.19	\$15,514.92
Telephone, telegraph.....	1,384.14	1,588.81	2,233.15	1,118.46	1,049.08	1,638.93
Stationery, printing.....	1,899.18	2,243.25	1,034.32	1,469.39	1,364.23	1,740.40
Postage	238.41	.....	37.55	268.85	.....	283.50
Com. for copy right.....	11.00	.....	85.00	1.50	13.00	17.00
Legal, accounting.....	22.00	977.88	1,600.00	.....	.....	492.18
Miscellaneous	479.60	1,982.89	997.11	1,609.23	1,418.82	684.16
Care of patients:						
Nursing supervision.....	\$26,907.34	\$25,082.29	\$26,621.82	\$11,146.39	\$10,582.40	\$7,802.80
General duty.....	11,495.51	.....	.....	17,350.11	2,839.82	6,847.65
Students	6,441.15	9,551.63	5,329.21	3,955.60	3,355.87	7,098.15
Attend., orderlies.....	9,280.05	2,640.00	7,114.21	2,365.00	2,035.44	2,824.30
Interns	3,203.00	.....	.....	3,020.00	2,660.00	3,638.70
Anaesthetist	3,000.00	.....	3,370.00	.....	1,335.50	1,903.00
School .....	.....	190.80	4,410.35	4,508.82	6,409.15	1,560.00
School supplies.....	1,332.00	.....	.....	.....	.....	786.56
Surgical supplies.....	8,661.71	11,898.13	7,608.10	9,374.55	6,960.19	6,419.59
Anesthetics	1,022.40	1,552.44	.....	988.98	2,010.76	934.60
Miscellaneous	218.25	.....	.....	.....	4.55	.....
Drug department:						
Salaries	\$2,018.04	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$750.00
Supplies	4,883.49	5,288.65	5,425.42	2,603.88	3,796.82	4,434.13
Laboratory:						
Salaries	\$8,868.67	\$5,004.43	\$7,983.44	\$4,874.13	\$5,422.11	\$7,289.28
Supplies	987.02	883.00	1,080.38	222.40	566.37	1,691.52
X-ray:						
Salaries	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$6,499.92
Supplies	3,079.48	3,060.96	1,958.68	2,806.77	2,192.81	2,326.01
Physical therapy:						
Salaries	\$3,594.00	.....	.....	\$1,296.50	.....	.....
Supplies .....	.....	.....	.....	102.47	.....	.....
Housekeeping:						
Salaries	\$19,515.78	\$14,746.86	\$13,422.12	\$11,977.02	\$11,669.26	\$12,163.55
Clothing, bedding.....	2,200.00	.....	1,681.89	.....	1,400.00	1,335.26
Supplies	3,901.97	2,448.57	2,103.20	2,868.32	3,017.61	2,350.56
Nurses' home.....	4,235.89	.....	.....	894.84	.....	.....
Laundry:						
Salaries	\$2,500.81	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$6,077.95
Supplies	949.13	2,507.92	1,514.11	1,828.54	1,109.36	1,260.82
Ambulance:						
Salaries	\$1,902.00	\$1,991.57	\$1,623.75	\$1,448.00	.....	.....
Supplies	176.01	810.17	2,500.23	797.62	622.40	\$595.00
Dietary:						
Salaries	\$21,403.61	\$20,868.50	\$19,594.67	\$14,083.34	\$13,385.35	\$11,645.77
Groceries	10,768.43	6,523.62	4,716.16	7,896.98	6,196.06	8,331.55
Milk and cream.....	10,322.61	10,323.40	8,616.28	6,576.73	5,824.87	9,931.09
Meat and fish.....	16,177.43	16,177.43	18,410.00	18,410.00	16,220.84	12,928.52
Fruit and vegetables.....	4,932.04	14,576.84	11,095.82	7,587.25	3,875.02	7,775.62
Butter and eggs.....	5,482.36	7,574.42	6,088.50	5,250.07	2,871.04	6,122.45
Bread and rolls.....	2,508.73	2,850.26	2,189.37	1,894.89	1,063.90	2,073.69
Gas	1,303.25	1,330.93	1,293.64	703.58	1,200.33	1,451.24
Supplies	472.34	2,913.85	3,576.03	2,268.33	1,008.89	1,320.90
General house, property:						
Salaries	\$7,074.14	\$7,077.64	\$5,287.80	\$8,626.13	\$3,466.69	\$6,436.10
Supplies	4,743.17	5,754.44	2,011.44	3,332.90	2,466.72	2,881.79
Repairs, replacements.....	\$70.10	1,364.40	5,113.56	1,674.01	2,528.64	2,952.71
Heat, light, power:						
Salaries	\$7,022.15	\$7,640.08	\$5,035.74	\$3,302.04	\$4,089.46	\$6,121.70
Fuel, oil.....	13,885.43	12,318.20	12,195.70	10,419.78	6,617.15	9,782.16
Water	1,370.54	3,961.88	3,741.01	799.92	1,266.25	1,432.58
Light, power.....	3,656.26	7,058.62	4,969.40	4,291.74	3,700.87	2,650.29
Miscellaneous:						
Insurance	\$3,651.33	\$5,798.06	\$4,765.08	\$2,583.33	\$2,317.03	\$1,417.83
Cartage, expense.....	1,019.76	.....	.....	289.14	.....	628.57
Disinfectants:						
Salaries	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$1,600.00
Supplies	44.75	378.82	.....	.....	1,000.00	58.00
Grand total.....	\$80,400.00	\$86,400.00	\$69,400.00	\$54,400.00	\$55,158.77	\$205,517.65

Totals for the various departmental expenses shown above will be found at top of preceding page.

QUALITY

THAT LOOKS ITS PART



The Springfield Hospital, Springfield, Mass. is completely equipped with Castle Sterilizers.

Architects: Stevens & Lee, Boston.
Superintendent: Dr. Eugene Walker, M. D.

Many of the newest and finest hospitals of the country have Castle Sterilizer Equipment. They are proud of these sterilizers because they see that Quality is built into them. Castle is always alert to pioneer with every worthwhile improvement that will advance the science of sterilization. Castle engineers have designed and executed more important refinements and improvements in construction and technique of Hospital sterilization than any other one manufacturer of similar equipment.

WILMOT CASTLE COMPANY
1154 University Ave. Rochester, N. Y.



CASTLE

STERILIZERS

BOHN

ALUMINUM & BRASS CORPORATION

THROUGH ITS

CAPITOL BRASS DIVISION

ACQUIRES FULL MANUFACTURING
AND SELLING RIGHTS TO

CONCO VALVES

Conco Valves operate automatically and are installed on the radiator like an ordinary valve. They control the flow of steam to each individual radiator so that the desired temperature is maintained at all times.

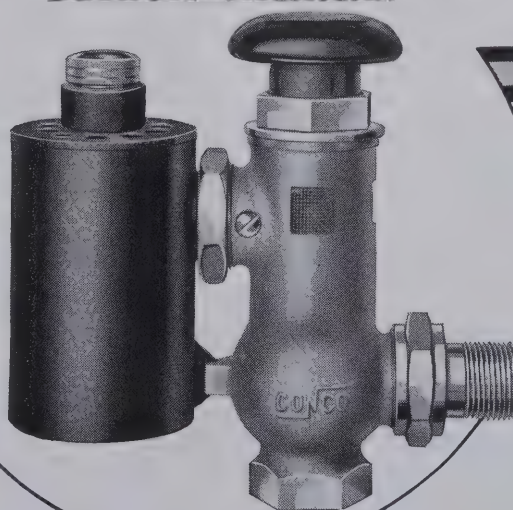
With the acquisition of the Conco Valve by the well known Bohn Aluminum & Brass Corporation, and its equally well known Capitol Brass Division, this highly efficient temperature control valve will take its rightful place in the industry.

The vast manufacturing, engineering and research facilities of these organizations operating on a volume basis, makes possible a list of prices by far the most attractive that have ever been offered. Inquiries are invited—or get in touch with your heating contractor for complete details.

The cost of Conco Valves is comparable to the ordinary manual control valve considering the fuel saving.

The Thermostatic element in Type "I" Valve is completely insulated from radiant and conducted heat, so the valve functions only by the actual temperature of the air in the room.

Bohn Aluminum & Brass Corporation
CAPITOL BRASS DIVISION
MANUFACTURERS OF BRASS VALVES, BOILER TRIMMINGS AND PLUMBERS' BRASS GOODS
DETROIT-MICHIGAN



So accurately are Conco Valves designed and manufactured that they operate on a variation of only one or two degrees in room temperature. Can be used on any two-pipe heating system.

Fuel savings as high as 30 per cent have resulted from the installation of Conco Valves. Moreover the installation does not have to be complete throughout the system. You can use one Conco Valve—or one for every radiator.

See Conco Exhibit at Heating and Ventilating Exposition, Cleveland—January 25-29.

HOSPITAL MANAGEMENT

A PRACTICAL JOURNAL OF ADMINISTRATION

CONTENTS FOR JANUARY

WHY HOSPITAL BEDS ARE EMPTY.....	19
<i>Malcolm T. MacEachern, M. D.</i>	
HOW I WOULD PLAN A SMALL HOSPITAL.....	24
<i>Murray C. Goddard</i>	
A. H. A. TRUSTEES LAUD WORK OF MISS GARRISON.....	27
MINISTERS' SERVICE CARD MAKES FRIENDS.....	23
HOW DEPRESSION AFFECTS BIG CITY O. P. D.....	28
<i>J. P. Ruppe, M. D.</i>	
OXYGEN THERAPY DEPARTMENT TEST OF PROGRESSIVE HOSPITAL.....	30
GRADING COMMITTEE STARTS NEW NURSING SCHOOL SURVEY.....	33
A. H. A. ASKS CONSIDERATION OF CIVIL HOSPITALS FOR VETERANS.....	34
THE HOSPITAL VS. THE HOTEL, AS SEEN BY A DOCTOR.....	38
<i>Marvin E. Stout, M. D.</i>	
DOCTORS' BALLOT HELPS HOSPITAL IMPROVE STAFF RELATIONS.....	40
NURSING SCHOOL AN ECONOMY.....	41
<i>John Andrew, M. D.</i>	
MIDWEST DIETITIANS TO MEET IN CHICAGO.....	44
UNIVERSITY OF CHICAGO HEALTH SERVICE.....	45
MONTHLY ROUND TABLE HELPS HOLD, IMPROVE STANDARDS.....	46
<i>Fred J. Loase</i>	
OBSTETRICAL DEPARTMENT PROCEDURES, COLUMBIA HOSPITAL.....	49
<i>Earl R. Chandler</i>	
HOSPITAL WARD RATES NOT FOR EMPLOYER, COURT HOLDS.....	53
HOSPITAL CONTINUES ITS INSURANCE PLAN.....	54
WHAT TRUSTEES EXPECT OF SUPERINTENDENTS.....	56
UNIFIED PLAN GUIDES GROWTH OF MILWAUKEE COUNTY GROUP.....	58
<i>William L. Coffey</i>	
UNUSUAL KITCHEN ARRANGEMENT SAVES TIME, ENERGY, AT LAKE VIEW.....	64
DIETARY CHART TELLS ENGLEWOOD BOARD OF DEPARTMENT'S WORK.....	68
<i>A. E. Paul</i>	
MONTHLY REPORT GIVES DETAILS OF FOOD SERVICE.....	74
<i>Mary T. Peacock</i>	
OPERATING A CENTRAL SUPPLY ROOM.....	80
<i>Helen Mead, R. N.</i>	
RECORD DEPARTMENT PROCEDURES AT ALLEGHENY GENERAL.....	84
PHOTOGRAPHIC SERVICE AT WICHITA HOSPITAL.....	88
<i>C. Alexander Hellwig, M. D.</i>	

EVERY-MONTH FEATURES

AD-VENTURING	10	FOODS AND FOOD SERVICE.....	64
THE EDITORIAL BOARD SAYS.....	12	THE RECORD DEPARTMENT.....	84
EDITORIALS	36	X-RAY LABORATORIES.....	88
"HOW'S BUSINESS?".....	22	NURSING SERVICE.....	80
WHO'S WHO IN HOSPITALS.....	35	THE HOSPITAL LAUNDRY.....	90
COMMUNITY RELATIONS.....	38	PRACTICAL INFORMATION ON EQUIP-	
THE HOSPITAL CALENDAR.....	52	MENT	16
THE HOSPITAL ROUND TABLE.....	43		

BUYERS' GUIDE PAGE 4; INDEX OF ADVERTISERS PAGE 6

VOLUME XXXIII, NUMBER 1



JANUARY 15, 1932

HOSPITAL MANAGEMENT, published on the fifteenth of each month at 537 South Dearborn Street, Chicago, by the CRAIN PUBLISHING COMPANY. Member Audit Bureau of Circulations, Member Associated Business Papers, Inc. Subscription \$2 a year. Single copies, 20 cents. Entered as second class matter May 14, 1917, at the post office, Chicago, Ill., under the act of March 3, 1879.

HOSPITAL MANAGEMENT for January, 1932

BUYER'S GUIDE TO HOSPITAL EQUIPMENT AND SUPPLIES

ABSORBENT CELLULOSE

Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

ABSORBENT COTTON

Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.

ACOUSTICAL CORRECTION

Celotex Co.

ADHESIVE

Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.

ALUMINUM WARE

Aluminum Cooking Utensil Co.
Swartzbaugh Mfg. Co.

ANAESTHESIA GASES

Puritan Compressed Gas Corp.

ANAESTHETIZING APPARATUS

S. S. White Dental Mfg. Co.

BABY IDENTIFICATION

J. A. Deknatel & Son
Johnson & Johnson
Physicians' Record Co.

BABY SOAP

Johnson & Johnson

BANDAGES

Bay Co.
Becton, Dickinson & Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.
Norvic Co.

BEDS

H. D. Dougherty & Co.
Will Ross, Inc.

BEDDING

Karr Co.
Master Bedding Makers of America

BED PANS AND URINALS

Am. Hosp. Supply Corp.
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

BED PAN RACKS

H. D. Dougherty & Co.

BEVERAGES

John Sexton & Co.

BLANKETS

Will Ross, Inc.

BLINDS

Athey Co.

BOOKS

Hospital Management

BRUSHES

John Sexton & Co.

CANNED FOODS

Libby, McNeill & Libby
John Sexton & Co.

CASE RECORDS

Hospital Standard Publishing Co.
Physicians' Record Co.

CASTERS

Faultless Caster Co.
Jarvis & Jarvis

CATGUT

Davis & Geck, Inc.
Johnson & Johnson
Stanley Supply Co.

CELLUCOTTON

Lewis Mfg. Co.

CENTRIFUGES

Central Scientific Co.

CHEMICALS

Central Scientific Co.
Davis & Geck

CHINA, COOKING

Hall China Co.
D. E. McNicol Pottery Co.
Onondaga Pottery Co.

CHINA, TABLE

Hall China Co.
D. E. McNicol Pottery Co.
Onondaga Pottery Co.

CHOCOLATE PUDDING

Calumet Tea & Coffee Co.
S. Gumpert & Co.
John Sexton & Co.

CLEANING SUPPLIES

J. B. Ford Co.
Procter & Gamble Co.
John Sexton & Co.

COCOA

Calumet Tea & Coffee Co.
S. Gumpert & Co.
John Sexton & Co.

COFFEE

John Sexton & Co.
Calumet Tea & Coffee Co.
Continental Coffee Co.

CONDENSED MILK

John Sexton & Co.

COTTON

Am. Hosp. Supply Co.
Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.
Will Ross, Inc.

CREPE BANDAGES

Norvic Co.

CUBICLE CURTAINS

H. L. Judd Co., Inc.

DENTAL EQUIPMENT

S. S. White Dental Mfg. Co.

DISINFECTANTS

Johnson & Johnson
John Sexton & Co.

DISINFECTING EQUIPMENT

American Sterilizer Co.
Wilnot Castle Co.

DISHWASHING CLEANERS

J. B. Ford Co.

DISH WASHING MACHINES

Colt's Pat. Fire Arms Mfg. Co.
Fearless Dishwasher Co., Inc.

DRESSING MATERIALS

Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.

DRINKS

John Sexton & Co.

DRUGS

Hoffmann La Roche, Inc.

DUMBWAITER DOORS

Peelle Co.

ELECTRO THERAPEUTIC APPARATUS

General Electric X-Ray Corp.

FISH

John Sexton & Co.

FLOOR COVERINGS

Congoleum-Nairn, Inc.

FLOOR WAX

Congoleum-Nairn, Inc.
John Sexton & Co.

FLOORING

Congoleum-Nairn, Inc.

FLOORING, RUBBER

Congoleum-Nairn, Inc.

FOOD CONVEYORS

Market Forge Co.
Swartzbaugh Mfg. Co.

FOODS

Calumet Tea & Coffee Co.
Gen. Foods Sales Co.
S. Gumpert & Co.
H. T. Heinz Co.
Jell-O Co., Inc.
Libby, McNeill & Libby
John Sexton & Co.

FORMS

Hospital Standard Publishing Co.
Physicians' Record Co.

FURNITURE

Doehler Furn. Co., Inc.
H. D. Dougherty & Co.
Stanley Supply Co.

GARMENTS

H. A. Dix & Sons Corp.
Marvin-Neitzel Co.
Will Ross, Inc.
SnoWhite Garment Mfg. Co.
Women's Uniforms, Inc.

GAUZE

Bay Co.
Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.

GAS APPLIANCES

American Gas Assn.

GAS HEAT

American Gas Assn.

GELATINE

Calumet Tea & Coffee Co.
S. Gumpert & Co.
Jell-O Co., Inc.
John Sexton & Co.

GOWNS, PATIENTS'

Marvin-Neitzel Co.
Will Ross, Inc.

HEATING EQUIPMENT

Johnson Service Co.

HOSPITAL BULLETINS

Hospital News.
Physicians' Record Co.

HOSPITAL FURNITURE

Doehler Furniture Co., Inc.
H. D. Dougherty & Co.

HOSPITAL PADS

Griswoldville Mfg. Co.
Johnson & Johnson
Lewis Mfg. Co.

HOSPITAL POSTERS

Hospital Management

HOSPITAL SUPPLIES

Am. Hosp. Supply Corp.
Bay Co.
H. D. Dougherty & Co.
Johnson & Johnson
Lewis Mfg. Co.
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

HOT WATER BOTTLES

American Hosp. Supply Corp.
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

HUMIDITY CONTROL

Johnson Service Co.

HYDRO-THERAPEUTIC APPARATUS

Powers Regulator Co.

HYPODERMIC NEEDLES

American Hosp. Supply Co.
Becton, Dickinson & Co.
Meinecke & Co.
Stanley Supply Co.

ICE BAGS

American Hosp. Supply Corp.
Meinecke & Co.
Will Ross, Inc.
Stanley Supply Co.

IDENTIFICATION NECKLACES

J. A. Deknatel & Son

INSECTICIDES

John Sexton & Co.

INTERCOMMUNICATING SYSTEMS

Western Electric Co.

IRONING MACHINES

Kellman-Sycamore Co.

IRRIGATORS

Sterile Irrigator Co.

JANITORS' SUPPLIES

J. B. Ford Co.
John Sexton & Co.

JOURNALS

Hospital Management

KITCHEN EQUIPMENT

Aluminum Cooking Utensil Co.
Colt's Pat. Fire Arms Mfg. Co.
Edison General Elec. Appliance Co.
Bernard Gloekler Co.
Hall China Co.
Market Forge Co.
McCray Refrigerator Co.
John E. Smith's Sons Co.
Swartzbaugh Mfg. Co.
Waters-Genter Co.

LABORATORY EQUIPMENT

Central Scientific Co.

LAUNDRY EQUIPMENT

Kellman-Sycamore Co.

LAUNDRY SUPPLIES

J. B. Ford Co.
Procter & Gamble Co.
John Sexton & Co.

LAXATIVES

Health Products Corp.

LINENS

Cannon Mills, Inc.
Utica Steam & Mohawk Valley Cotton Mills

LINOLEUM

Congoleum-Nairn, Inc.

MATTRESSES

H. D. Dougherty & Co.
Karr Co.
Master Bedding Makers of America.

MICROSCOPES

Central Scientific Co.
Spencer Lens Co.

MONEL METAL

International Nickel Co.

MOTION PICTURE EQUIPMENT

Eastman Kodak Co.

MUSIC REPRODUCTION

Western Electric Co.

NAPKINS (PAPER)

Aatell & Jones, Inc.
Will Ross, Inc.
John Sexton & Co.

NICKEL WARE

International Nickel Co.

NOISE PREVENTION

Celotex Co.

NURSES' GARMENTS

H. A. Dix & Sons Corp.
Marvin-Neitzel Co.
Will Ross, Inc.
SnoWhite Garment Mfg. Co.
Women's Uniforms, Inc.

OPERATING ROOM LIGHTS

Operay Laboratories

PAPER GOODS

Aatell & Jones, Inc.
Meinecke & Co.
Will Ross, Inc.
John Sexton & Co.

PAPER NAPKINS

Aatell & Jones, Inc.
John Sexton & Co.

PATIENTS' RECORDS

Hospital Standard Pub. Co.
Physicians' Record Co.

PHARMACEUTICALS

Health Products Corp.

PHYSIOTHERAPEUTIC APPARATUS

Gen. Elec. X-Ray Corp.

PLUMBING FIXTURES

Hoffman & Billings Mfg. Co.
Powers Regulator Co.

ECONOMY



Real economy is determined by more than just the price you pay. Often the cheapest purchase turns into the most expensive. The economy of quality and durability cannot be overlooked. « Hall China has justly earned a reputation for economy.

It is as new after years of service as the day it is bought. The original cost is reasonable and its long life makes it the most economical china you can buy.

HALL'S FIREPROOF CHINA
Secret process
HALL CHINA COMPANY · EAST LIVERPOOL · OHIO

INDEX TO ADVERTISERS

AMERICAN GAS ASS'N.....	71	KARR, CHARLES, CO.....	63
AMERICAN HOSPITAL SUPPLY CORP.....	59	KAUFMANN, HENRY L., & Co.....	81
AMERICAN STERILIZER Co.....	Insert, facing p. 17	KELLMAN-SYCAMORE Co.....	90
		KELVINATOR CORP.....	67
BARD-PARKER Co., INC.....	14	LEWIS MFG. Co.....	Fourth Cover
BOHN ALUMINUM & BRASS CORP.....	2	LINDE AIR PRODUCTS Co.....	61
CALUMET TEA & COFFEE Co.....	75	MARKET FORGE Co.....	77
CAPITAL BRASS DIVISION.....	2	MARVIN-NEITZEL Co.....	82
CASTLE, WILMOT Co.....	1	MASTER BEDDING MAKERS OF AMERICA.....	63
CLASSIFIED ADVERTISEMENTS.....	91	McNICOL, D. E., POTTERY Co.....	75
COLGATE-PALMOLIVE-PEET Co.....	11	MONASH-YOUNKER Co.....	85
CONGOLEUM-NAIRN, INC.....	55		
CONTINENTAL COFFEE Co., INC.....	73	N. Y. SILICATE BOOK SLATE Co.....	90
CRYSTAL CHEMICAL Co.....	86	NICHOLS, DAVID, Co.....	85
		NORVIC Co.....	83
DAVIS & GECK.....	Insert, p. 8	OPERAY LABORATORIES.....	87
DEKNATEL, J. A., & SONS Co.....	81	PEELLE Co.....	73
DENNISON MFG. Co.....	15	PHYSICIAN'S RECORD Co.....	84
DIACK, A. W.....	87	POWERS REGULATOR Co.....	83
		PURITAN COMPRESSED GAS CORP.....	83
EASTMAN KODAK Co.....	57	ROLSCKEN Co.....	9
FEARLESS DISHWASHER Co.....	77	ROSS, WILL, INC.....	81
FORD Co., J. B.....	13		
GENERAL ELEC. X-RAY CORP.....	89	SEXTON, JOHN, & Co.....	Insert, p. 16
GENERAL FOOD SALES Co., INC.....	Insert, p. 64	SNO-WHITE GARMENT MFG. Co.....	80
GLOEKLER, BERNARD, Co.....	77	SOLARE-STURGES MFG. Co.....	85
		SPENCER LENS Co.....	88
HALL CHINA Co.....	5	STANLEY SUPPLY Co.....	79
HEALTH PRODUCTS CORP.....	7	SWARTZBAUGH MFG. Co.....	Insert, p. 65
HOFFMANN LA ROCHE, INC.....	78		
HOLTZER-CABOT ELECTRIC Co.....	8	UTICA STEAM AND MOHAWK VALLEY COTTON MILLS.....	90
HOSPITAL STANDARD PUB. Co.....	84		
		WESTERN ELECTRIC Co.....	17
INTERNATIONAL NICKEL Co.....	69	WHITE, S. S., DENTAL MFG. Co.....	85
JARVIS & JARVIS, INC.....	76		
JELL-O Co., INC.....	Insert, p. 64	ZAPON Co.....	79
JOHNSON & JOHNSON.....	Third Cover	ZEISS, CARL, INC.....	83
JOHNSON SERVICE Co.....	18		
JUDD, H. L., Co.....	79		

BUYER'S GUIDE TO HOSPITAL EQUIPMENT AND SUPPLIES — Cont'd

PROJECTING MACHINES Eastman Kodak Co.	SCREENS, WINDOW Rolscreen Co.	STERILIZERS American Sterilizer Co. Central Scientific Co. Wilmot Castle Co.	TILE, FLOOR Congoleum-Nairn, Inc.
RADIO EQUIPMENT Western Electric Co.	SELF-CLOSING RECEPTACLES Solar-Sturges Mfg. Co.	SURGICAL DRESSINGS Grissoldville Mfg. Co. Johnson & Johnson Lewis Mfg. Co.	TILE, RUBBER Congoleum-Nairn, Inc.
RECEPTACLES Solar-Sturges Mfg. Co.	SERVICE WAGONS Swartzbaugh Mfg. Co.	SURGICAL INSTRUMENTS Bard-Parker Co., Inc. Meinecke & Co.	TOASTERS, AUTOMATIC Waters-Genter Co.
RECORD SYSTEMS Hospital Standard Pub. Co. Physicians' Record Co.	SHEETS AND PILLOW CASES Cannon Mills, Inc. Utica Steam & Mohawk Valley Cotton Mills	SUTURES Am. Hosp. Supply Co. Davis & Geck, Inc. Johnson & Johnson Meinecke & Co. Will Ross, Inc. Stanley Supply Co.	TOWELS Cannon Mills, Inc.
REFRIGERATORS McCray Refrigerator Co. Market Forge Co.	SHOWER REGULATORS Powers Regulator Co.		TRAY CARRIERS Swartzbaugh Mfg. Co.
ROLLING WINDOW SCREENS Rolscreen Co.	SHROUD COVERS Aatell & Jones, Inc.		TRAY COVERS Aatell & Jones, Inc.
RUBBER GLOVES Massillon Rubber Co. Miller Rubber Products Co.	SIGNAL AND CALL SYSTEMS Holtzer-Cabot Elec. Co. Western Electric Co.		UNIFORMS Marvin-Neitzel Co. Henry A. Dix & Sons Corp. SnowWhite Garment Mfg. Co. Will Ross, Inc. Women's Uniforms, Inc.
RUBBER GOODS Am. Hospital Supply Corp. Central Scientific Co. Meinecke & Co. Miller Rubber Prod. Co. Will Ross, Inc. Stanley Supply Co.	SOAPS Colgate-Palmolive-Peet Co. Procter & Gamble Co. John Sexton & Co.	SYRINGES Am. Hospital Supply Corp. Becton, Dickinson & Co. Meinecke & Co.	WARDROBES Stanley Supply Co.
RUBBER SHEETING Johnson & Johnson Lewis Mfg. Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.	SOAP DISPENSERS Aatell & Jones, Inc. Procter & Gamble Co.	TALCUM POWDER Crystal Chemical Co.	WASTE RECEPTACLES Solar-Sturges Mfg. Co.
SANISORB Will Ross, Inc.	SODA, LAUNDRY J. B. Ford Co. John Sexton & Co.	TEA Calumet Tea & Coffee Co.	WATER STILL Central Scientific Co.
SANITARY NAPKINS Johnson & Johnson Lewis Mfg. Co.	SPUTUM CUPS Aatell & Jones, Inc. Johnson & Johnson Meinecke & Co. Will Ross, Inc.	TELEPHONE SYSTEMS Western Electric Co.	WATERPROOF SHEETING Am. Hosp. Supply Co. Johnson & Johnson Lewis Mfg. Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.
SANITARY PAPER PRODUCTS Aatell & Jones, Inc.	STEAM TABLE INSETS, CHINA Hall China Co.	TEMPERATURE REGULATION Johnson Service Co. Powers Regulator Co.	WINDOW BLINDS Athey Co.
	STEAM TRAPS Monash-Younker Co. Powers Regulator Co.	THERMOMETERS Am. Hosp. Supply Co., Inc. Becton, Dickinson Co. Central Scientific Co. Meinecke & Co. Will Ross, Inc. Stanley Supply Co.	X-RAY APPARATUS Gen. Elec. X-Ray Corp. Meinecke & Co. Stanley Supply Co.
	STERILIZER CONTROLS A. W. Diack Powers Regulator Co.	THERMOSTATS Johnson Service Co.	X-RAY FILMS, SUPPLIES Eastman Kodak Co.

You Can . . .

Break Through Habit Routine

with

Feen-a-mint

The patient *chews* FEEN-A-MINT—does not swallow it.

Phenolphthalein, the sole active principle in FEEN-A-MINT, exerts greater action when chewed.

Therefore, you start by prescribing smaller doses than the patient is accustomed to with the usual laxatives, and reduce this still further, so that the patient soon loses psychological dependence on the evening dose.

Eventually, in many cases, the need for a laxative as a regular measure will cease.

Try FEEN-A-MINT as an accurate dosage prescription on a stubborn "chronic."

HEALTH PRODUCTS CORPORATION
Newark **New Jersey**

*This coupon will
bring you samples
and the new pre-
scription envelope.*

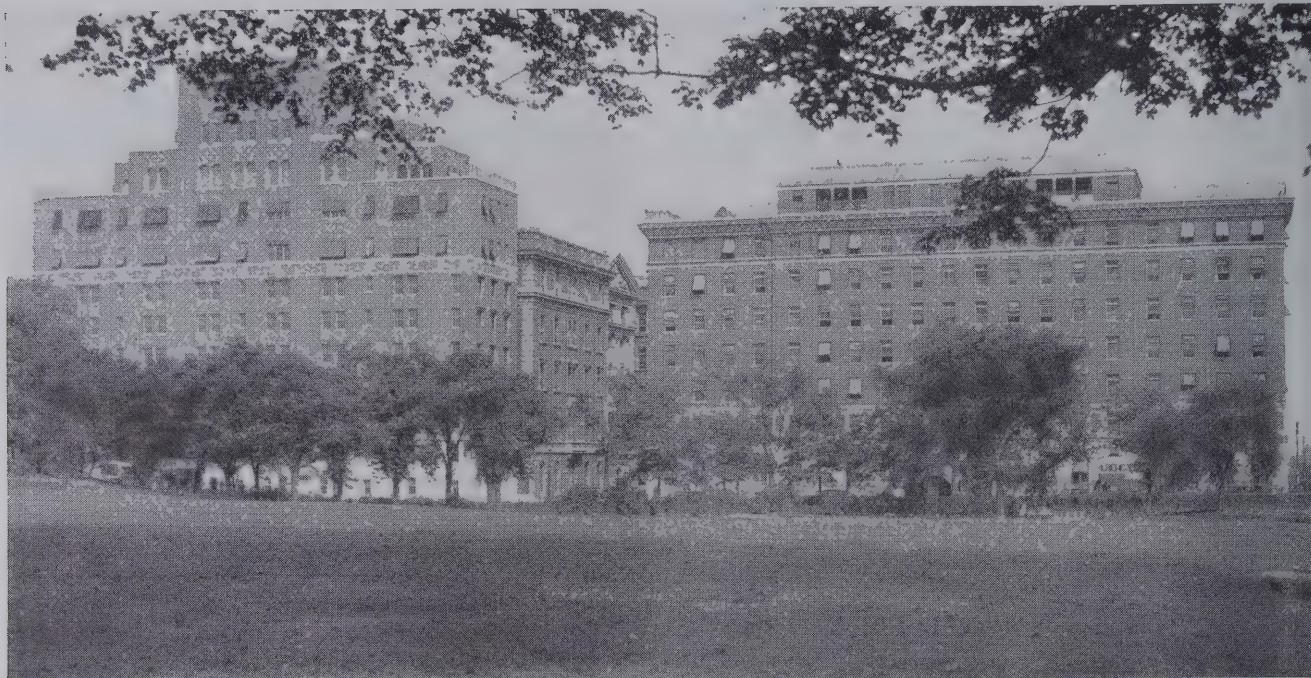
HEALTH PRODUCTS CORP.
Newark, N. J. H M-1

Yes, Please FEEN-A-MINT Sample.

M.D.

Street

City



MT. SINAI HOSPITAL, NEW YORK CITY

PRIVATE PAVILION AND
CHILDREN'S PAVILION

Architect

Arnold W. Brunner

General Contractor

Cauldwell Wingate Co.

Engineers

Kaiser, Muller & Davies

Electrical Contractor

Alliance Electric Co.



SEMI-PRIVATE
PAVILION

Architect

Kohn & Butler

General Contractor

J. H. Taylor Constr. Co.

Engineers

Kaiser, Muller & Davies

Electrical Contractor

James F. Hughes Co.



This nationally known Institution is equipped throughout with Holtzer-Cabot Signaling Systems which through years of service, successfully meeting every requirement, have substantiated the sound judgment of the architect's choice.

Regardless of what the requirements are, Holtzer-Cabot installations will actually place any Hospital on a more efficient and economic operating basis.

THE HOLTZER-CABOT ELECTRIC COMPANY

BOSTON

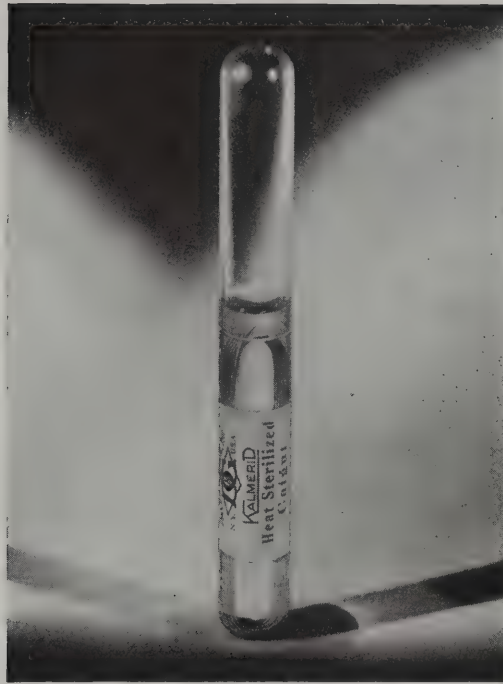
CHICAGO

OFFICES IN ALL

PRINCIPAL CITIES



PIONEERS IN HOSPITAL SIGNALING SYSTEMS



APPRECIATION

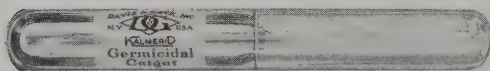
THE highest reward of earnest endeavor is found in the confidence of those we seek to serve ▾ ▾ ▾ During the year 1931, despite the low hospital occupancy and adverse economic conditions, we supplied more D&G sutures than in any other year in the history of our business, including the emergency period of the World War ▾ ▾ ▾ We can think of no better way to express our appreciation to the profession for their continued confidence than to renew the assurance of our unceasing effort to maintain the high standard of excellence which each year has brought D&G sutures nearer to the ideal of perfection. ▾ ▾ ▾

DAVIS & GECK, INC.

D & G Sutures ▾ DESCRIPTIVE PRICE LIST

Kalmerid Catgut

GERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide. Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

TWO VARIETIES

BOILABLE NO.		NON-BOILABLE NO.
1205.....	PLAIN CATGUT.....	1405
1225.....	10-DAY CHROMIC.....	1425
1245.....	20-DAY CHROMIC.....	1445
1285.....	40-DAY CHROMIC.....	1485

Sizes: 000 . . 00 . . 0 . . 1 . . 2 . . 3 . . 4

Approximately 60 inches in each tube

Package of 12 tubes of a size \$3.00
Less 20% on gross or more or \$28.80, net, a gross

Atraumatic Sutures

FOR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.



NO.		INCHES IN TUBE	DOZEN
1341.....	STRAIGHT NEEDLE.....	28.....	\$3.00
1342.....	TWO STRAIGHT NEEDLES.....	36.....	3.60
1343.....	3/8-CIRCLE NEEDLE.....	28.....	3.60
1345.....	1/2-CIRCLE NEEDLE.....	28.....	3.60

Less 20% discount on one gross or more

Sizes: 00 . . 0 . . 1

Packages of 12 tubes of one kind and size

Obstetrical Sutures

FOR immediate repair of perineal lacerations. A 28-inch suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.

No. 650. Package of 12 tubes \$3.60
Less 20% on gross or more or \$34.56, net, a gross

Kal-dermic Skin Sutures

"IDEAL FOR DERMA-CLOSURE"

ANON-CAPILLARY, heat sterilized suture of unusual flexibility and strength. It is uniform in size, non-irritating, and of distinctive blue color. Boilable.



NO.		INCHES IN TUBE	DOZEN
550.....	WITHOUT NEEDLE.....	60.....	\$3.00
852.....	WITHOUT NEEDLE.....	20.....	1.50
954.....	WITH 1/2-CURVED NEEDLE...	20.....	2.40

Sizes: 000 (FINE) 00 (MEDIUM) 0 (COARSE)

Packages of 12 tubes of one kind and size
Less 20% discount on one gross or more

Kal-dermic Tension Sutures

(Identical in all respects to Kal-dermic skin sutures but larger in size.)

NO.		INCHES IN TUBE	DOZEN
555.....	WITHOUT NEEDLE.....	60.....	\$3.00

Sizes: 1 (FINE) 2 (MEDIUM) 3 (COARSE)

Packages of 12 tubes of one kind and size
Less 20% discount on one gross or more

Kalmerid Kangaroo Tendons

CHROMICIZED to resist absorption for approximately thirty days.

NO.	
370.....	NON-BOILABLE GRADE
380.....	BOILABLE GRADE

Sizes: 0 . . 2 . . 4 . . 6 . . 8 . . 16 . . 24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

Package of 12 tubes of a size \$3.00
Less 20% on gross or more or \$28.80, net, a gross

Circumcision Sutures

A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.

No. 600. Package of 12 tubes \$3.00
Less 20% on gross or more or \$28.80, net, a gross

Other D & G Products

INFORMATION and prices covering unabsorbable sutures, short sutures for minor surgery, and emergency sutures with needles, will be sent upon request.

DAVIS & GECK, INC. ▾ 217 DUFFIELD ST. ▾ BROOKLYN, N. Y.

D & G Sutures are obtainable from responsible dealers everywhere; or direct, postpaid

Already hundreds of hospitals have been

R O L S C R E E N E D



Rolscreens are instantly brought into use, or tucked away. Never a source of disturbance in the sick chamber or to the serenity of the convalescents' sun-porch.



This nuisance always ends when Rolscreens replace cumbersome, time-wasting and danger-inviting old-type screens.

INTRODUCED to the building fraternity but a few years ago, Rolscreen installations in hospitals are already *world-wide*. So completely do Rolscreens of Pella outmode old-fashioned, flat types of window screens—for convenience, beauty, light saving, maintenance and window-washing economy, and long service—that hospital authorities instantly recognize their advantages. Progressive architects and builders recommend them.

Rolscreens roll up and down—like a window shade

A touch of the finger, and they roll up, automatically. A gentle pull, and they're down . . . there when wanted; snugly out of the way, on concealed rollers, when not needed.

Rolscreens are permanent. No troublesome taking down in the fall. No storing—no occupying of valuable space. No sorting, dusting, repairing, painting and putting up in the spring.

Rolscreens collect no dirt—they clean themselves each time they're rolled.

Rolscreens require no removal for window-washing—saving half the usual time required; and eliminating the dangers associated with old-fashioned screens.

Rolscreens obviate the unsightliness and light obstruction inevitable with wide-framed flat-type screens.

Rolscreens do not sag or bag. No insects can get in at the edges. Rolscreen mesh is locked in at top, sides and bottom. Even a heavy accidental blow can do no harm—it merely disengages lugs from guides; and lugs instantly go back in place when screen is rolled.

Rolscreen mesh is guaranteed not to break or rust. Made of special electro-plated "AluminA"—a pleasing, clear-vision wire-cloth, with reinforced selvage, that will far outlast Rolscreens' TEN-YEAR GUARANTEE.

Casement or double-hung—any type or size window, old or new, can be quickly Rolscreened. Rolscreens deserve consideration in any hospital-modernization project—and essentially in every new-construction plan. Write for special booklet, "Rolscreens for the Hospital." It pictures or lists numerous Rolscreen installations in representative hospitals throughout the United States and foreign countries. Special information, specifications and services available to architects and builders.

R O L S C R E E N S

• O F P E L L A •

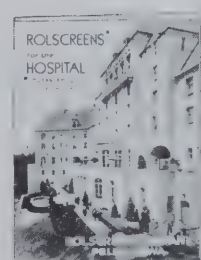
ROLSCREEN COMPANY, 1512 Main Street, Pella, Iowa

Please send illustrated booklet, "Rolscreens for the Hospital."

Name _____

Institution _____

Address _____



AD-venturing

The Spencer Double Inclinator is tilted at just 30 degrees from the vertical—the angle which permits the greatest comfort in observing specimens. Tilted eyepieces increase your efficiency because they do away with the distraction of tired and aching neck muscles caused by bending your head over upright eyepieces. Page 88.

* * *

Ask them which they would rather have—an electric refrigerator in which the freezing speeds are set by hand, or one that is fully automatic with no dials to set—nothing to remember or forget—no danger of freezing the contents of the food compartment? The vote will be unanimous for fully automatic operation. And Kelvinator alone, of all electric refrigerators built, has it.

But this is only one of many notable features Kelvinator offers. Four Zones of Cold; the Frost Chest; the Kold-Keeper; World's Fastest Freezing Speed are others that make Kelvinator such a completely satisfactory, dependable and economical electric refrigerator. Page 67.

* * *

Try this some time—check up on your cleaning problems. Inventory them as to kind and number. See if each is being handled as efficiently and as economically as you could wish. Page 13.

* * *

Introduced to the building fraternity but a few years ago, Rolscreen installations in hospitals are already world-wide. So completely do Rolscreens of Pella outmode old-fashioned, flat types of window screens—for convenience, beauty, light saving, maintenance and window-washing economy, and long service—that hospital authorities instantly recognize their advantages. Page 9.

* * *

Building superintendents endorse the economy and durability of Zapon Wall Lacquer Enamel. They have discovered that during and after application there is no objectionable odor—one of the outstanding features of this particular product.

They have further discovered that it dries quickly and dust-free after application, and after drying it remains impervious to dust. Page 79.

* * *

Fuel savings as high as 30 per cent have resulted from the installation of Conco Valves. Moreover, the installation does not have to be complete throughout the system. You can use

These pithy paragraphs of practical and pertinent information concerning supplies and equipment are typical of the kind of information manufacturers and sales organizations offer readers of "Hospital Management" in every issue. Experienced hospital executives make it a point to read advertising pages carefully, too, and to keep in touch with new ideas and improvements in equipment and supplies as well as in methods of hospital administration. Every issue contains information as interesting and helpful as the paragraphs on this page, chosen at random from this month's advertisements.

one Conco Valve—or one for every radiator. Page 2.

* * *

Here is a new service you can render to mothers—a service worth many times its small cost in the good-will it will create toward your hospital. Give each new baby a start toward diaper-comfort—show each new mother how she can do away with unpleasant handling of soiled diapers—through the use of Dennison's Babypads, the new sanitary diaper linings. Page 15.

* * *

Tell us the number of meals served, amount of space available; and you will receive a service plan, with a complete description of the Fearless Dishwasher best adapted to your purpose. Page 77.

* * *

The Marvin-Neitzel brand combines the oldest and newest in the hospital apparel industry. Here are vision and experience joined in the common objective of making finer and more economical accessories for the medical professions. Page 82.

* * *

In these days of business efficiency, budgets, costs and appropriations are just so many figures. We order by form, purchase by contract, and pay by check. Rarely do we see or handle the actual money—the silver dimes and dollars—that we are spending. But it's there just the same. The hospital's ten dollar check should be used just as carefully and go just as far as the hospital's ten dollar bill. Facing page 65.

In food products, as in other commodities, the manufacturer who places high value upon a well-earned reputation keeps up his Standard of Quality and lets the prices fluctuate as costs vary.

At this time some buyers are tempted to yield to low price, at the sacrifice of quality, but the wise buyer keeps quality first in his mind, and pays a reasonable price for quality products. Page 75.

* * *

A cake of soap may seem a very trivial matter. Don't deceive yourself. It isn't. Soap is one of those intimate things that so often win, or lose, the good will of patients. Page 11.

* * *

We prepared this book for architects. But now, looking it over, we see that there are no terrible technicalities lurking in its pages. So why not offer it to everybody who is thinking of buying new floors? Page 55.

* * *

Zobec Dressing Rolls have become a standard material in leading hospitals on their merits. They afford (a) economy and convenience in the preparation of dressings; (b) quick absorption and unusual softness in the dressings themselves. Third cover.

* * *

The test of an adhesive dressing is not so much how well it is applied, but how much of its effectiveness has been lost some days after application. That loss of effectiveness, as a support, depends on the extent of "creep" of the adhesive used. Fourth cover.

* * *

There is only one oxygen therapy apparatus which proudly bears the name—"Oxygenaire." It is efficient, easy to operate, low in operating cost and reasonable in price. It is silent, has no motors or machinery, but operates by nature's law of convection. Page 59.

* * *

When you must use an ice cap quickly—a lost washer is more than annoying; it may distress the patient with a leaky cap. And if the top is gone, the ice cap is useless! That cannot happen with the new Stanley Regal Ice Cap. It is washerless. Page 79.

* * *

Give your drug department the fair deal it deserves. Use of less efficient remedies because of cheaper price is not economy in the long run and strikes at the very purpose for which all institutions are erected. Stock only the best in medicines—and that does not apply only to Roche Products. Page 78.



The voice of authority stands behind this famous soap

Palmolive is the only soap ever recommended by more than 20,000 beauty experts—the toilet soap preferred by more women than any other kind

A CAKE of soap may seem a very trivial matter. Don't deceive yourself. It isn't. Soap is one of those intimate things that so often win, or lose, the good will of patients.

When you supply Palmolive to your patients, you give them the one soap recommended by more than 20,000 leading beauty experts. Overwhelming testimony that this is a pure soap, a soap that cleans thoroughly, safely, without possible injury to the skin. A soap worthy of your patients and your reputation.

Naturally you want to please the greatest

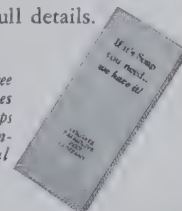
number of people with the soap you supply. Then you'll select Palmolive. It is the favorite soap of more women than any other kind. And of more men, too, because Palmolive is the soap they are used to at home.

In spite of its quality and prestige, Palmolive costs no more than ordinary soaps. We will gladly send you prices and samples of our five special sizes for hospitals, on receipt of your letter. Your hospital's name printed on wrappers with orders of 1000 cakes or more.

PHOSFOAM

Use Phosfoam for washing linens. This scientifically blended powdered soap forms firm rich suds that will not break down. Readily soluble, easy to rinse. Made only of vegetable oils, Phosfoam will not harm fabrics. Gives them a fresh, new appearance. Write for prices and full details.

Send for this free booklet that gives details of our soaps for every conceivable hospital purpose.



COLGATE-PALMOLIVE-PEET COMPANY

919 North Michigan Avenue, Chicago, Illinois

NEW YORK

KANSAS CITY

MILWAUKEE

SAN FRANCISCO

JEFFERSONVILLE, IND.

Looking Ahead Into 1932— “Should Superintendents Be Licensed?”—Payment for Indigents, Automobile Acci- dent Service

IT is very hard to say what plans we have for 1932. Certainly there cannot be many improvements if financial conditions remain as at present. Hospitals are going to have a struggle to maintain the high standards that have been set before them. As you know, the present standards were inaugurated and developed during the time of prosperity. I do feel if we can just keep what we have, and not go backwards in any way, not lowering present standards, it will be a great accomplishment and a task that will necessitate study and close application. I am very optimistic as to the future, but I fully realize that we have to live in the present.—ELMER E. MATTHEWS.

RELIEF must be found for the institutions which are caring for a large number of indigent automobile accident cases. An effort was made at the last meeting of the state legislature to secure legislation that would reimburse the hospitals, but the effort failed. It must be presented more forcefully and tenaciously next time.

I certainly believe that no private institution should be asked to take care of indigent patients whose hospital expenses should be paid by some political unit, such as the township, the county, or the state or the federal government. We make it a practice to ask the proper officials to pay the per capita per diem cost. However, this will never be done satisfactorily until legislation compels. You may know that it is understood generally that the government in a city of one state will not pay a hospital in another state for caring for an indigent patient who is a resident of the first state, but such city government may provide transportation for the indi-

HOSPITAL MANAGEMENT cordially invites readers to submit questions relating to problems of individual institutions for consideration by the editorial board, as well as questions relating to a general situation or condition. No obligation is involved and an effort will be made to give a satisfactory answer to every inquiry. Address questions to HOSPITAL MANAGEMENT, 537 South Dearborn Street, Chicago.

gent patient to his home. It would seem that any city government should pay a private hospital anywhere for caring for the indigents of another state. I believe that it would be quite worthwhile to get into this question.—C. S. WOODS, M. D.

I AM very much in sympathy in searching for a plan whereby the automobile accident loss can be prevented, unless the state should make a regulation that only responsible parties can get a license for their machine. At least the driver should be endorsed by some party who is responsible against any negligence or accident before being allowed to drive.—CLARENCE H. BAUM.

I DO not think that it is feasible to attempt to license superintendents, for it would be injurious not only to the superintendent but to the hospitals. Neither do I think that any association should have the say as to who should be a superintendent of a hospital. Personally, I consider it is best to leave matters as they are at present.—C. S. PITCHER.

UNOCCUPIED hospital beds—I do not include all hospitals, but the majority—could be used to the great advantage of our civil hospitals by caring for many of the government patients that can be just as well cared for in our civil hospitals. Were these hospitals not equipped to give proper care, the case would be somewhat different, but they are so equipped. The average veteran is usually better satisfied to be hospitalized near his home, because he can be visited more often by his family and friends, and his convalescence is usually more rapid.—HOWARD E. BISHOP.

IT seems to me that any plan for the identification of hospital superintendents should be controlled by the American Hospital Association and that effort should be made to bring about a fellowship or something of that kind.—PAUL H. FESLER.

IT is very difficult to outline just what will be our aims in 1932 from a hospital point of view. I think that if the economic condition improves hospitals in many cases may go on with expansions and building programs which they have had in mind for some time. Should the reverse condition obtain, hospitals will be compelled to cut expenses and do other things to try to balance their budgets.

In regard to the action by those responsible for the care of injured workers, we feel in this city that we are obtaining a very good rate—namely, \$5 per day—for compensation cases; but it has always been the opinion of the board of trustees that the insurance carriers should pay the actual costs for the care of the patient, which in our case would be approximately \$5.85 per day.

Relative to the automobile accident cases and consequent losses, Clarence E. Ford, of the state department of social welfare, is compiling some figures from the hospitals in this state.

The state hospital association recently had a hearing with a legislative committee, with the hope that at the next sitting of the legislature a lien law bill might be placed on the statutes. It is the feeling of the hospitals that if such a bill could become a law, we would have better protection against the loss sustained from this cause.

Many hospitals are notified by the lawyer who is settling the case, and he always deducts the hospital bill from the settlement; while in other cases the case is settled and the plaintiff gets the money and forgets all about any bills.—T. T. MURRAY.

Inventory Your Cleaning Problems

Try this sometime,—check up on your cleaning problems. Inventory them as to kind and number. See if each is being handled as efficiently and as economically as you could wish.

Then check up on the complete cleaning service offered you by Wyandotte Products and Wyandotte Service Men. There is a specialized Wyandotte Product to help you with every kind of cleaning you may have.

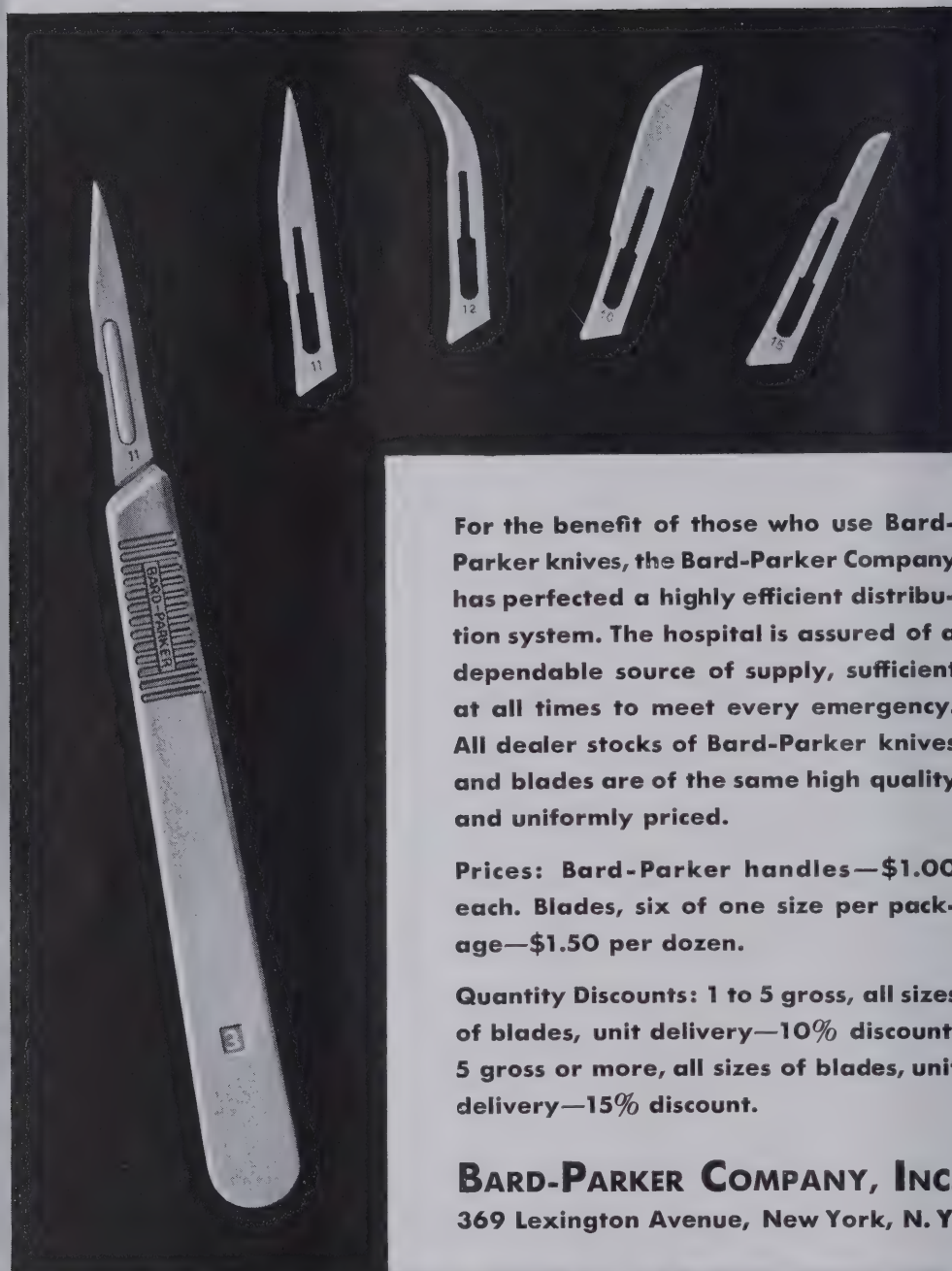
You are placed under no obligation whatsoever if you write for information or ask to have a Wyandotte representative call on you.

Write for detailed information.



The J. B. Ford Company

Wyandotte, Michigan



A BARD-PARKER PRODUCT

For the benefit of those who use Bard-Parker knives, the Bard-Parker Company has perfected a highly efficient distribution system. The hospital is assured of a dependable source of supply, sufficient at all times to meet every emergency. All dealer stocks of Bard-Parker knives and blades are of the same high quality and uniformly priced.

Prices: Bard-Parker handles—\$1.00 each. Blades, six of one size per package—\$1.50 per dozen.

Quantity Discounts: 1 to 5 gross, all sizes of blades, unit delivery—10% discount. 5 gross or more, all sizes of blades, unit delivery—15% discount.

BARD-PARKER COMPANY, INC.
369 Lexington Avenue, New York, N. Y.

It's Sharp

*Mothers will appreciate
this inexpensive*

NEW SERVICE



*Show them how
to eliminate unpleasant diaper handling*



Here is a NEW service you can render to mothers . . . a service worth many times its small cost in the good-will it will create toward your hospital. Give each new baby a start toward diaper-comfort . . . show each new mother how she can do away with unpleasant handling of soiled diapers . . . through the use of Dennison's BABYPADS, the new sanitary diaper linings.

What Babypads Are

Babypads are made from downy-soft, specially prepared material. They are used inside the regular cloth diaper—a fresh one every time the diaper is changed. When soiled, they may be flushed down the toilet.

Protect Diaper from Baby

Because they retain their strength when wet, Babypads may be removed intact after a bowel movement. Cloth diapers are left clean enough so that they may be washed without further unpleasant handling. The laundering operation is considerably simplified.

Protect Baby from Diaper

Many babies suffer from diaper irritation because the mothers do not launder diapers properly. Frequently soap alkalies and uric acid remain in the diapers after washing, causing painful "diaper rash." Babypads afford sanitary protection from this common danger. Every mother will be glad to learn about Babypads through seeing them in actual use in your hospital.

Safe and Comfortable

Babypads will not chafe the tenderest skin. When

wet, they will not "lump" or shred, or stick to the baby's skin. Doctors recommend their use every time the cloth diaper is changed.

Nurses Will Welcome Babypads

Nurses everywhere are enthusiastic about Babypads, for the convenience and sanitary protection they offer. Your nurses are no exception. They will welcome this time-saving, labor-lightening product.

Surprisingly Inexpensive

Babypads in special Hospital Packages are surprisingly inexpensive—1,000 for \$2.50. For further details, write to the Dennison Manufacturing Co., Dept. N-8, Framingham, Mass.

Demonstration Package FREE

If you have not already tried Babypads, mail the coupon below and we will send you a large demonstration package without cost. Give them a thorough test—you will recognize their value.

**Dennison's
BABYPADS**

Reg. U. S. Patent Office—Patents Pending

THE NEW SANITARY DIAPER LININGS

DENNISON MANUFACTURING CO., BOX N-8
Framingham, Mass.

Please send me, without charge, the
demonstration package of Babypads.

Hospital.....No. of Bassinets.....

Address.....City.....

Your Name.....

© 1931 and 1932, by the Dennison Mfg. Co.

Do You Know 1932 Models and Prices?

ONE job of the successful superintendent is keeping abreast of the times in the matters of equipment and supply as well as of methods and procedures. Consequently, many superintendents now are "cleaning house," throwing out all obsolete booklets and catalogs and replacing them with 1932 printed matter. How else can they keep up with the times in the matter of new models and today's quotations?

Perhaps some of the following leaflets and catalogs are what you are looking for. HOSPITAL MANAGEMENT will gladly obtain copies of any listed without obligation. Ask for them by number.

Acoustics, Soundproofing

No. 309. "Less Noise . . . Better Hearing," an interesting treatise on the problems of sound absorption and methods by which noise may be eliminated. Beautifully illustrated. Published by the Celotex Co.

Anaesthetics

No. 290. "Suggested precautions in the use of ether, ethylene and other anesthetics." Puritan Compressed Gas Corp. c30.

No. 318. "Safety Gas Oxygen Apparatus," an eight-page booklet which explains the advantages of the "McCurdy model" gas anesthesia machine, particularly with relation to lowered operating costs and better anesthetic results. Safety Anesthesia Apparatus Concern.

No. 321. "A Few Suggestions on the Proper Operation of Gas Cylinder Valves and Pressure Reducing Regulators," an informative booklet dealing with the proper handling of compressed gases. Also, "Meeting Every Test." The Puritan Compressed Gas Corp.

Cleaning Preparations, Soaps, Etc.

No. 326. "The story of soap," an intensely interesting booklet telling in story and pictures of the making of soap and soap products. Unusually well illustrated. The Procter & Gamble Co.

Cubicle Equipment

No. 305. A collection of looseleaf photographs of installations of cubicle equipment in various hospitals. H. L. Judd Company, Inc.

Flooring

No. 246. "Facts You Should Know About Resilient Floors for Hospitals." Congoleum-Nairn, Inc.

General Equipment, Furnishings and Supplies

No. 324. Price list and descriptive folder explaining the unusual features of Vic elastic crepe bandages. The Norvic Co.

No. 325. "Niedecken Surgical Lavatory Control," an attractive folder showing the application of knee and elbow control and temperature control devices on plumbing fixtures. Hoffman & Billings Mfg. Co.

No. 295. Catalog in full color showing various types of Doehler metal furniture for hospitals and institutions. Doehler Metal Furniture Co. f0.

No. 327. Booklet describing professional uniforms for nurses and others, published by Henry A. Dix & Sons Corp. b0

No. 284. "Modern Ideas About Towels." Cannon Mills, Inc. b0

No. 261. "Nurses' Apparel and Hospital Supplies," a 32-page catalog. Neitzel Manufacturing Co., Inc.

No. 320. "The Nurse and Her Uniform, 1931," and "SnowWhite Tailored Uniforms," two interesting booklets illustrating a variety of styles and fabrics for uniforms. Includes measurement tables and prices. The SnowWhite Garment Mfg. Co.

No. 323. "Standard ready dressings and supplies for hospitals," a folder showing the styles, types and sizes of ready made products. Johnson & Johnson.

No. 328. "Curity Ready Made Dressings Manual," an interesting manual showing the complete line of ready made dressings, with descriptions of uses and other informative material. Lewis Mfg. Co. L31.

No. 329. The 1932 catalog of Will Ross, Inc. Attractively printed, well arranged catalog of the complete line of hospital equipment and supplies. L31.

No. 330. A well printed and illustrated catalog describing Conco temperature regulating valves. Complete with description of uses, manner of installation, prices, etc. Capitol Brass Division of Bohn Aluminum & Brass Corp. 132

Hypodermic Needles and Syringes

No. 314. "How to Obtain Maximum Service from Hypodermic Needles and Syringes," an interesting, pocket size manual on the selection of needles and syringes for each kind of service. Also contains practical information on how to sterilize, clean, and care for these instruments. Becton-Dickinson Company.

No. 332. Bulletin No. 260, describing the Powers thermostatic radiator valve, a self-operating regulator designed for vacuum or vapor steam heating systems. The Powers Regulator Co. 132

Kitchen and Food Service Equipment

No. 331. "Good Coffee," a monthly publication of interest to all quantity users of coffee. Published in newspaper style and containing many hints valuable in the preparation of coffee. Continental Coffee Co., Inc. 132

No. 300. "The Perfect Tray," by Helen E. Gilson, Onandaga Pottery Co. d0

No. 276. Modern Kitchens. A 70-page booklet. International Nickel Company. C30

No. 252. "Scientific Hospital Meal Distribution." Swartzbaugh Mfg. Co., Toledo, O.

Laundry Equipment and Supplies

No. 310. A series of pamphlets and circulars describing the construction and operation of "convected heat" flat work ironers and other gas-heated laundry equipment for any size institution. Kellman-Sycamore Co.

No. 277. Laundry Owners' Year Book. International Nickel Company, Inc. C30

Photography

No. 251. Elementary Clinical Photography as Applied to the Practice of Medicine and Surgery 50 pages Eastman Kodak Co., Rochester, N. Y.

Rubber Gloves, Sheeting

No. 316. "Matex, a New and Finer Rubber Glove" An interesting circular which describes the process of making rubber gloves by the Anode process, and tells how this process differs from other methods of glove manufacture. Published by Massillon Rubber Company.

Sterilizers, Stills

No. 234. "American Sterilizers and Disinfectors." Catalog. American Sterilizer Company, Erie, Pa.

No. 213. "Sterilizing Technique Series." Five booklets. Wilmot Castle Company.

Surgical Instruments and Supplies

No. 322. "Handbook on Ligatures and Sutures," 1931 edition. An interesting booklet on the history, preparation, handling and use of ligatures and sutures, completely revised. Johnson & Johnson.

X-Ray, Physical Therapy Equipment, Supplies

Nos. 265-269. "How X-rays Aid the Public"; "X-rays in Medicine." Published by the Eastman Kodak Co., Rochester, N. Y. Also publications "Radiography and Clinical Photography" and "Dental Radiography and Photography."



Just a detail, but...

A SHRIMP cocktail without the sauce would be as flat as a soda without the "fizz." Hence the profit to you in serving the right sauce . . . preferably Edelweiss Cocktail Sauce. This appetizing, delicious sauce is convenient—made from one of Sexton's time tested recipes. If you wish to make your own you will need Catsup or Chili Sauce. All Sexton condiments are packed in sizes and containers most profitable for you to use, and, particularly important, are prepared especially to meet your need of pleasing hundreds of different tastes in the course of a day.

Forty-nine years spent in supplying the institutional table constitutes an invaluable experience. At the same time, constant association with the progressive leaders in the fields we serve, assures a viewpoint both youthful and vigorous. The combination enables us to appreciate meritorious innovations—to seize upon the unusual in food service. With over ten thousand patrons serving foods to the public the best efforts of Sexton are devoted exclusively on behalf of this exacting clientele.

"SEXTON'S MONTHLY SPECIALS"

brings regularly to the institutional market information on prices. It is replete with unusual values, special offers, timely suggestions. If you are not regularly receiving it, write for the current copy.



Greater Values than ever in Sexton's 49th Anniversary Sale during January

JOHN SEXTON & COMPANY

ESTABLISHED 1883

MANUFACTURING WHOLESALE GROCERS

America's Largest Distributors of No. 10 Canned Foods

CHICAGO

IN JERSEY CITY....



THE JERSEY CITY MEDICAL CENTER

Jersey City Hospital John T. Rowland, Architect
Margaret Hague Maternity Hosp. . Christian H. Ziegler, Architect
Dr. George O'Hanlon Medical Director of the Group

Hospital for Infectious Diseases

The group, as planned, will provide accommodations for the care of 2000 patients. There are four distinct types of service to be rendered

- 1 The Hospital proper, or General Hospital Division, is apportioned to care for 1000 regular hospital cases, medical and surgical. This Division is made up of a new 23-story building in addition to the original City Hospital Building, six stories in height, which is now being rebuilt and modernized.
- 2 The Margaret Hague Maternity Hospital, capacity 400, is for maternity cases only. This building is 10 stories high and is said to be one of the largest and finest maternity units in the United States, and the only hospital of its kind that is county-owned and maintained.
- 3 The Psychiatric Hospital, planned for completion early in 1933, will be a 14-story building for the treatment of mental and nervous diseases in their early stages only.
- 4 The Hospital for Infectious Diseases, capacity 125. This three-story building, the last word in scientific planning, provides new and humane facilities for quarantine safely removed from other patients.

... Since 1923
more than 250 units of
American Sterilizers
have been installed
in this Group

AMERICAN STERILIZER COMPANY

1204 Plum St., ERIE, PENNSYLVANIA

EASTERN SALES OFFICE, 200 Fifth Ave., New York City



CANADIAN AGENTS: Ingram & Bell, Ltd., Toronto, Montreal, Winnipeg, Calgary



A kind of "*contagion*" doctors encourage!



Music and good cheer are a very real help to many patients who would otherwise find the hours of convalescence hanging

heavily on their hands. A few cents  an hour pays for the operation of a Western Electric Public Address System which can bring music and good cheer to every ward patient via earphones and every private-room patient via earphones or loudspeakers. Programs may be entertainers visiting the building, radio broadcast, or recorded selections. Equipment is made to the same high standards to which Western Electric makes  Bell telephones. For further data, mail the coupon.



Western Electric

PUBLIC ADDRESS AND MUSIC REPRODUCING SYSTEMS

Distributed by GRAYBAR Electric Company

GRAYBAR ELECTRIC CO., HM 1-32

Graybar Building, New York, N. Y.

Gentlemen: Please send us the story of the Public Address System.

NAME

ADDRESS

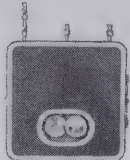
CITY STATE

JOHNSON

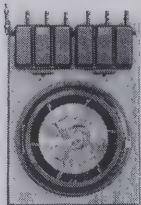
Periodic Flush Systems



Johnson Pneumatic Time Flush Clock, Warren Telechron Driven.



Johnson Flush Clock, for alternate flushing.



Johnson Pneumatic Multiple Time Flush Clock, Warren Telechron Driven: 6 Point Flushing Clock Illustrated above, 2 Point Flush Clock Illustrated below.



A Sloan Royal Flush Valve With Johnson Air Motor.



Watrous Flush Valve With Johnson Air Motor.



A Standard Johnson Sylphon Reverse Valve.

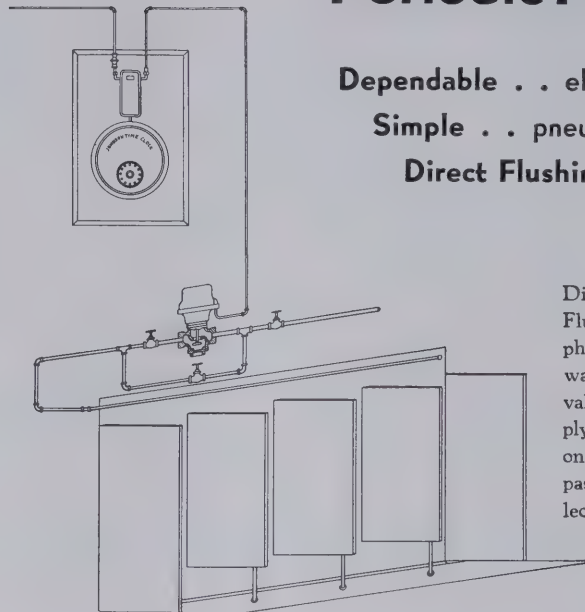


Diagram shows a Johnson Single Time Flush System. Normally closed diaphragm valve insures against waste of water in case of trouble. Time flush valve by-passed so that continuous supply may be had. Lock-shield gate valves on each side of flush valve and in by-pass. A switch may be arranged to select manual or clock operation at will.

Johnson Multiple Time Flush Systems are described in Bulletin C-301.

Dependable . . . electric clock control.

Simple . . . pneumatic valves and relays.

Direct Flushing . . . from city water supply.

NOW it is possible to have an efficient and reliable periodic flush system.

An electric clock, actuating pneumatic relays, positively opens and closes diaphragm valves and causes flushing to take place automatically for any desired length of time. The full force of the city water supply is utilized for cleansing purposes. The valves may be arranged so that sections are flushed at intervals or there may be one valve to flush in all parts of the building simultaneously.

The multiple arrangement is desirable in large buildings, reducing the load on the water supply and waste pipes. Johnson Flush Systems require no troublesome float control mechanism. They are positive and direct in their action.

SEND for Bulletin C-301 which illustrates and describes in every detail the various interesting features of

Johnson Periodic Flush Systems . . . both single and multiple. Become posted at once on this important new advancement. A card will bring Bulletin C-301.

JOHNSON SERVICE COMPANY MILWAUKEE, WIS.

507 E. Michigan Street

Established 1885

BRANCHES IN ALL PRINCIPAL CITIES

MANUFACTURERS
OF
JOHNSON HEAT
AND
HUMIDITY CONTROL

HOSPITAL MANAGEMENT

A Practical Journal of Administration



“What’s to Be Done About Our Empty Hospital Beds?”

Here Is Searching, Frank Analysis of Causes of Present Low Occupancy and of Some of the Problems Present Situation Has Developed

By MALCOLM T. MACEACHERN, M.D., C.M., D.Sc.

Associate Director, American College of Surgeons, and Director of Hospital Activities

AT hospital gatherings today the question everywhere from superintendents of civil hospitals is “What shall we do about decreased bed occupancy?” This situation has become acute, particularly among the so-called independent or community hospitals.

Just as in rendering care of the sick patient we must know the etiology of his disease, so we must first examine the causes of low bed occupancy before prescribing treatment. The cause, one would say offhand, is the financial crisis. But it must be remembered that even before 1930 hospital bed occupancy had dropped below the normal of 75 per cent. The American Hospital Association reported a statistical survey of 2,500 institutions of all types and showed that for 1929 the percentage of occupancy dropped from 72.28 per cent to 64.12 per cent. As this group included not only active general hospitals, but also special institutions whose occupancy is 90 to 100 per cent the year round, it is reasonable to believe that the actual percentage of bed occupancy for the general hospitals in the group was even lower than the average stated.

At present, of course, average occupancy is still lower, from 40 to 60 per cent in a great many hospitals, and even less in some instances. The cause of this marked drop is admittedly unemployment, but since statistics show that the decline in occupancy began even before the famous stock market crash of 1929, it behooves us to discover the underlying causes.

There are other reasons besides present economic conditions for the current reduced occupancy of hospital beds, Dr. MacEachern says in this comprehensive analysis of hospital conditions today. Some of the things he stresses may not seem of equal importance to some readers but his comments are the result of very careful study and of Dr. MacEachern's intimate contact with 3,300 hospitals of North America. This with his previous service as a hospital superintendent makes his findings extremely valuable. The author promises another article containing suggestions to meet the problems confronting hospitals due to low occupancy.

INCREASE IN FACILITIES

Just why should bed occupancy be reduced, particularly in view of the fact that it is an accepted axiom that the public has been educated to make use of hospitals more freely than in former years?

One cause has been the rapid increase in hospital facilities during recent years. Some communities are undoubtedly over-hospitalized. Perhaps there are too many small hospitals springing up everywhere. Of 6,719 hospitals in the United States approximately 3,000 are more than 25 beds

in size. With some exceptions, there seems to be little justification for institutions with fewer than 25 beds.

New hospitals are often projected through contention, opposition, dissatisfaction, or competition. As a result unnecessary hospitals crowd the field. I have in mind a town of 600 with two hospitals having a total bed capacity of 95, whereas one institution would be almost more than enough to meet the needs of that community. And one cannot help but wonder why, as frequently happens, a city of 200,000 people should have 13 hospitals, a number of them mediocre and unstable, when 5 or 6 larger and of uniformly high grade would be ample.

There are only two ways through which the distribution of hospitals can be controlled; one is public education and the other, legislation. In either event, there should be a definite understanding of the basic needs of the community. No new hospital should be given a charter before a complete survey has been made of the local hospitalization requirements. Further, no institution should be established that does not meet the universally recognized minimum standards for hospitals. These should not be limited to physical facilities alone, but should include proper organization of the medical staff, acceptable clinical records, adequate nursing, and modern scientific methods for caring for the sick.

LOWERED DAYS' STAY

Another factor in decreased occupancy is the lowered average days'

stay, which is causing a much more rapid turnover in patients. During the past 12 or 15 years there has been a marked decrease in the average time that the patient spends in the hospital, from an average of 20 days formerly to 12 days or even less at present. Three patients can now occupy the same bed in the same period as two did formerly. The quicker turnover has therefore made more beds available.

This shortened days' stay has been brought about through better care of the patient as a result of more efficient hospitals equipped with modern diagnostic and therapeutic devices and staffed with skilled personnel. The amazing strides in scientific medicine have also made it possible to treat successfully many conditions which in former years tended to a chronic or incurable state of disease. Consequently, many patients are rehabilitated earlier and returned to their homes in a few weeks' time where twenty years ago they would have remained in the hospital for months, a situation applying to diabetic and certain orthopedic cases especially. All this has undeniably decreased bed occupancy.

PREVENTIVE MEASURES

In considering the factors which may be involved in lowered percentage of occupancy, the practical results of preventive medicine cannot be ignored. Every day, preventive medicine is making itself more effective. Few communities are without an efficient health and welfare organization of some sort, and many have very elaborate ones. Is it not to be expected that these efforts will tend to keep a large portion of the public well and thus free them from the need of hospitalization? Few more effective means of preventing disease have been initiated than the annual physical examination or health audit. Measures of this kind for the purpose of keeping people well will surely have some influence on the hospital load and must be considered in a comprehensive study of the percentage of bed occupancy.

If the second and third factors mentioned above are true, there is cause for rejoicing in the progress of curative and preventive medicine. It is not unreasonable to expect such tangible results in the practice of medicine when one realizes the vast improvement in recent years in hospital facilities and the increase in scientific discoveries. The physician therefore has been afforded a much better environment in which to work and this has meant better clinical results.

ECONOMIC CONDITIONS

Are the present economic conditions preventing patients from going

The Why of Empty Beds

Unemployment, although lower occupancy averages were noted prior to 1929.

Unwise establishment of hospitals in communities already adequately served by existing institutions.

Decreased average stay of patients which permits use of a bed for three patients where previously only two could be cared for in same number of days.

Results of preventive medicine, in improving health and in reducing number of conditions for which hospitalization formerly was necessary.

Economic situation as a result of which hospital service is postponed, or, if necessary, is obtained in public hospital.

to hospitals? So far as the acutely ill patient is concerned there will not likely be any great difference, but patients for elective treatment may defer or cancel their proposed visit to the hospital. This last factor is undoubtedly making an appreciable change in the daily average number of patients as a large percentage come to the hospital for elective treatment of one kind or another. The results of postponing this treatment are quite apparent—more patients will drift into the chronic and incurable states. In spite of the generous relief contributions, many persons are evidently doing without this type of medical care, and there are perhaps many with acute illness who are going untreated. On the other hand, a large number of persons who formerly were paying patients in private hospitals are now receiving treatment in government institutions. This is plainly shown by the fact that every bed in most county and municipal hospitals is occupied. Right here is one of the most significant reasons for the drop in average bed occupancy.

COST OF CARE

A strong appeal has been made for several years for the patient of moderate means who has to meet medical fees and hospital charges. The appeal has aroused much sympathy, sufficiently so to make this subject a popular topic for discussion on all occasions.

Unfortunately, carefully compiled facts are not yet obtainable to provide even a fairly accurate cross-section of the problem, but will, no doubt, be assembled when the Committee on the Costs of Medical Care has completed its study. Up to the present, enthusiastic speakers on this subject have had to accept hypothetical deductions based mostly on limited numbers of cases. Both physicians and laymen

have suggested that inefficiency in hospitals was among the causes for the alleged hard lot of the patient of moderate income, but many such statements might be challenged even in the light of present knowledge. Only when definite figures are available will it be possible to say positively whether or not the average person is undergoing hardship because of the cost of medical and hospital care and, if the cost is excessive, to determine the reasons therefor.

It must be recognized, however, that many persons who had moderate means three years ago are now destitute or nearly so. The economic depression has changed the picture considerably. Without doubt the class of persons with average means has diminished in numbers. There is still another group of the middle class who have had reductions of 10 to 25 per cent in their incomes. These persons, who probably would have occupied private and semi-private hospital accommodations a few years ago, now would not be able to afford such rooms, for most hospitals still maintain their former charges for private and semi-private service. Hence these prospective patients will either go to a free hospital or, if pride does not permit this, will forego treatment. In either case, the community or independent hospital loses paying patients.

It is regrettable that the patient of moderate income has not in the past always accepted hospital accommodations to suit his station in life. He has insisted on the best that the hospital had to offer and frequently demanded a special nurse when none was required. His extravagance in former times is perhaps one of the reasons he cannot pay for treatment now. Nevertheless, he must not now be deprived of necessary medical care.

It is generally conceded that the person of moderately comfortable circumstances spent his money during prosperous times for such things as the radio and the automobile and did not provide for illness. Indeed, so many of his luxuries were purchased on the installment plan that he seldom lived within his income. Now he finds himself unable to cope with the contingency of unemployment.

Dr. Willard C. Rappleye, formerly director of the Commission on Medical Education, presents figures for the period before the depression, which show that five and one-half times as much money was spent on non-essentials as on sickness. Only 2.4 per cent of the nation's income was spent for doctors' bills, he shows, and the entire cost of medical and hospital care was but two-tenths of one per cent of the "vital value" of the population of the United States. Present figures would

probably show a much smaller amount spent for luxuries, but perhaps also a proportionately smaller expenditure for medical and hospital care since so much free treatment is being rendered.

There is a possibility, however, that the patient of average means is bearing part of the poorer patient's hospital charges. Figures submitted by one hospital, in a study made a few years ago, showed that the list of the first 188 patients admitted for that year was as follows: full-pay, 100; part-pay, 64; charity, 24. Another hospital reported an average of 12 free patients a day for whom no agency paid. Still another showed that during one year it cared for 23 per cent of its patients absolutely free and 9 per cent at less than the ward rate. One other institution stated that in one year it rendered \$17,574.65 worth of voluntary free service, aside from uncollectible debts, which it termed "involuntary free service."

As almost every institution has a certain percentage of free service, would it not be better philanthropy to seek voluntary endowments for its charity and part-pay patients rather than to exact involuntary contributions for impecunious patients through the charges made to the patient of means?

The suggestion has also been offered a number of times that the student nurse's course be cut down to two years, or even less, since the cost of nursing education must in the last analysis be borne by the patient. This plan would be a retrogression and would mean less efficient care of the sick. However, it would be quite feasible to have attendants perform many of the menial duties still undertaken by the nurses in many hospitals. Obviously, this would mean a reduction in the number of nurses and the employment of a less highly paid group of workers in their stead.

The question arises as to whether or not the hospital should be called upon to pay the cost of nursing education. It seems only reasonable that nursing education should be supported by public funds, either taxes or endowments, just as is medical education. If such a plan could be devised that would be acceptable to all concerned, it would aid materially in reducing the immediate burden of the cost of sickness to certain groups.

When one mentions that hospitals and physicians should operate on a strictly business basis, there is usually an uproar from some well-meaning individuals who fear that medicine is about to be commercialized. But the truth is that hospitals generally are only beginning to utilize efficient cost

finding systems such as have been employed in the business world for years. No large modern hotel would attempt to operate on a profitable basis without installing a well-tried cost-finding system as a check on its expenditures, and since a large part of the hospital bill covers board and room for the pa-

"How's Business?"

"I am preparing an article for 'Hospital Management' that I think is of considerable interest and importance just now," explained Dr. MacEachern when he submitted this paper for publication. "It will be of special interest, I believe, to those who follow your 'How's Business?' chart every month."

tient it is evident that the hospital's problems of finances are similar enough to those of modern hotels to warrant comparison as to the need for cost studies.

Cost studies of groups of hospitals would also help in pointing the way toward planning and construction more conducive to economical administration. Simplification of equipment and supplies will also be factors in reducing initial and operating costs. It is also quite possible that group nursing can be successfully carried on at a lower cost in those institutions having well-planned interiors.

Above all and perhaps of greatest importance to the patient in keeping down hospital costs is a competent, experienced superintendent who will surround himself with the right type of personnel.

In conclusion, any discussion of the costs of medical and hospital care should take into consideration the three principles adopted by the Committee on the Costs of Medical Care, which are as follows:

1. The personal relation between physician and patient must be preserved in any effective system of medical service.
2. The concept of medical service of the community should include a systematic and intensive use of preventive measures in private practice and effective support of preventive measures in public health work.
3. The medical service of a community should include the necessary facilities for adequate diagnosis and treatment.

The facts must be faced that for some time to come hospitals can expect a lowered bed occupancy. How this loss in income can be met with-

out slighting the service to the sick is a weighty problem that cannot be solved with snap judgment. It will require all the co-operation and careful thought that hospitals can bring to it.

In a succeeding article some suggestions will be offered as to possible means of combating the effects of lowered occupancy in hospitals.

SELECTING STUDENT

"If we have at heart the saving of our high calling from degenerating into a commercialized trades union," Sister John Gabriel, director of nursing education, Sisters of Charity of Providence, told the 1931 graduate nurses' association of British Columbia, "we should place more importance on the type of material that is being admitted to our schools. The prevailing conception that any kind-hearted, dependable, self-sacrificing, agreeable young woman can make a nurse, even if she cannot grasp all the curriculum prescribed, is dangerous and misleading." Sister John Gabriel commented on the findings of the survey of nursing by Dr. Weir of the University of British Columbia in regard to the grade of intelligence of young women seeking admission to nursing schools which showed a median slightly below that of grade XI students and increasingly lower than normal school students, medical students, and students of education, and pointed out that the difficulty of attempting to adjust a curriculum to such individuals. The speaker suggested that high school students with records placing them in the upper third of their classes should be selected for nursing schools so that if any of the nurses later elect university work they will not be denied admission to colleges making such standing a requisite for enrollment.

WHAT GRADUATES DO

"What becomes of the nurse graduates?" asks J. A. Diekmann, superintendent, Bethesda Hospital, Cincinnati, in the Bethesda bulletin, and he answers thus:

"Recently a careful survey was made of the present activities of the Bethesda nurse graduates showing the following interesting facts. Of the 370 graduates from 1915 to 1931, 136 have married, 217 are practicing their profession, of 10 we have lost every trace, and six have died. Of the 217 still following their profession (some of these are included in the 136 who have married) 106 are occupied in private duty nursing, 27 in public health work, 66 in benevolent institutions, five as nurse teachers, two in social service work, five as missionaries, two have gone into business, and four are engaged in doctors' offices. Of the 18 graduating in 1918, all but five are married; while of the ten of class 1915 only two have made this venture. Of the 175 graduates between the years 1915-1925, only 89 are still in the nursing profession."

PERSONNEL INSURED

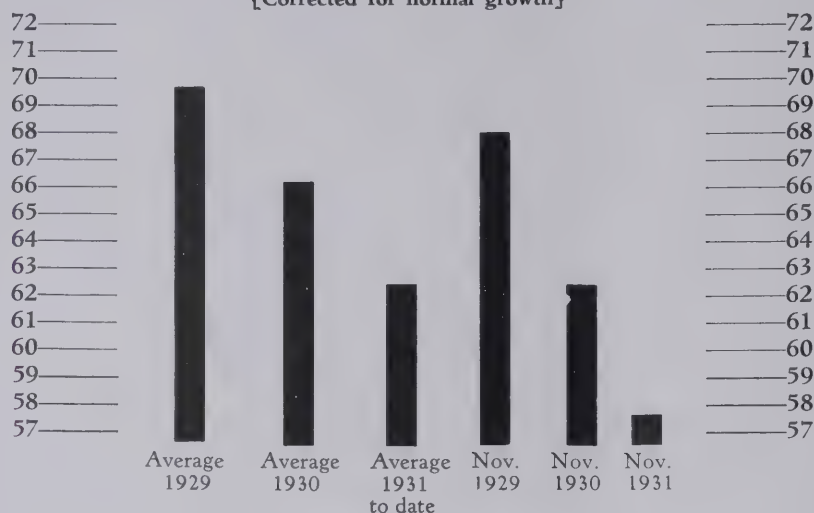
Sixty-six of the personnel of St. Luke's Hospital, Jacksonville, Fla., have been covered with life insurance through a group policy recently issued by the Prudential Insurance Company. Each worker receives insurance from \$1,000 to \$2,500, according to rank, and the premiums will be paid by the hospital.

HOW'S BUSINESS?

[A composite picture of business conditions in 91 general hospitals located in 87 communities in 35 states.]

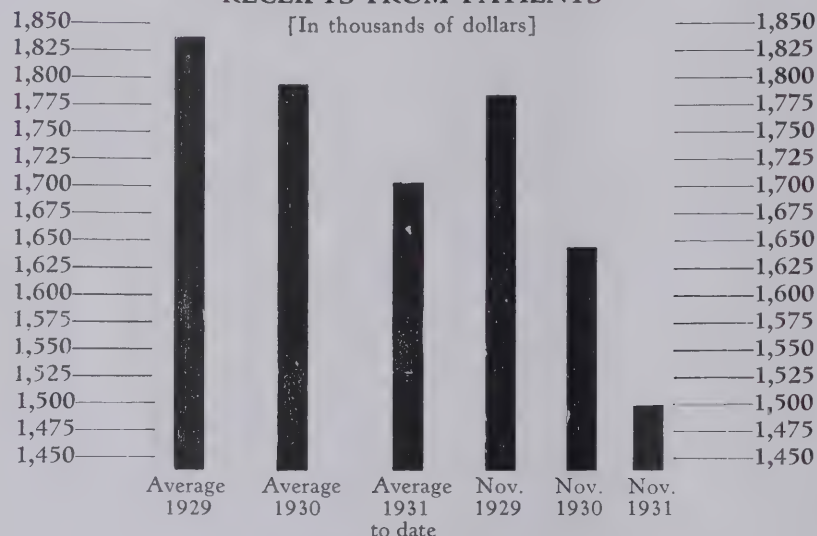
PERCENTAGE OF OCCUPANCY

[Corrected for normal growth]



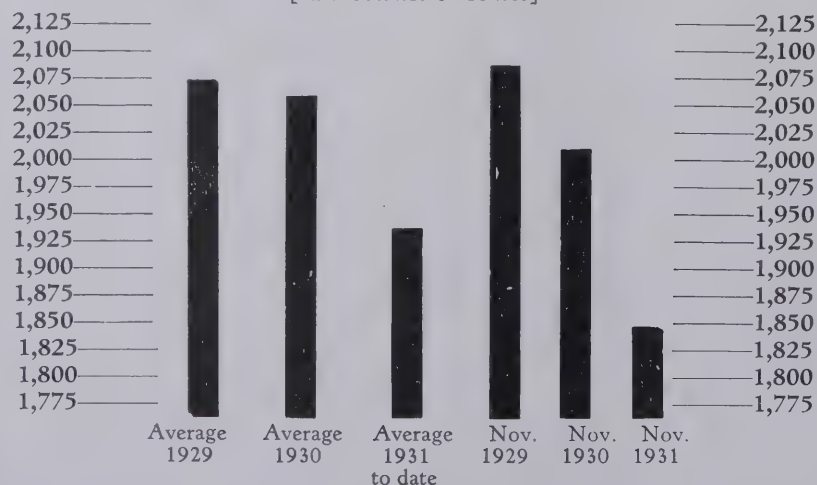
RECEIPTS FROM PATIENTS

[In thousands of dollars]



OPERATING EXPENDITURES

[In thousands of dollars]



The Figures from Which the Chart Was Made

TOTAL DAILY AVERAGE PATIENT CENSUS	
December, 1928.....	11,040
January, 1929.....	11,919
February, 1929.....	12,335
March, 1929.....	12,253
April, 1929.....	12,114
May, 1929.....	11,981
June, 1929.....	12,025
July, 1929.....	11,473
August, 1929.....	11,548
September, 1929.....	11,157
October, 1929.....	11,590
November, 1929.....	11,736
December, 1929.....	10,977
January, 1930.....	12,048
February, 1930.....	12,425
March, 1930.....	12,408
April, 1930.....	12,128
May, 1930.....	12,044
June, 1930.....	11,601
July, 1930.....	11,290
August, 1930.....	10,997
September, 1930.....	11,015
October, 1930.....	11,086
November, 1930.....	11,005
December, 1930.....	10,524
January, 1931.....	11,510
February, 1931.....	11,991
March, 1931.....	11,970
April, 1931.....	11,669
May, 1931.....	11,251
June, 1931.....	11,187
July, 1931.....	10,765
August, 1931.....	10,657
September, 1931.....	10,409
October, 1931.....	10,499
November, 1931.....	10,266

RECEIPTS FROM PATIENTS	
December, 1928.....	1,736,302.86
January, 1929.....	1,795,843.79
February, 1929.....	1,776,040.82
March, 1929.....	2,024,823.11
April, 1929.....	1,929,175.70
May, 1929.....	1,920,982.43
June, 1929.....	1,874,173.11
July, 1929.....	1,846,899.32
August, 1929.....	1,867,706.24
September, 1929.....	1,772,230.39
October, 1929.....	1,828,051.39
November, 1929.....	1,786,036.71
December, 1929.....	1,737,404.65
January, 1930.....	1,840,418.05
February, 1930.....	1,799,080.00
March, 1930.....	2,003,309.58
April, 1930.....	1,927,493.30
May, 1930.....	1,921,523.05
June, 1930.....	1,817,813.00
July, 1930.....	1,803,315.00
August, 1930.....	1,719,634.00
September, 1930.....	1,700,314.00
October, 1930.....	1,741,017.00
November, 1930.....	1,640,374.00
December, 1930.....	1,687,813.00
January, 1931.....	1,771,812.00
February, 1931.....	1,720,474.00
March, 1931.....	1,881,003.00
April, 1931.....	1,831,228.00
May, 1931.....	1,815,096.00
June, 1931.....	1,743,189.00
July, 1931.....	1,698,277.00
August, 1931.....	1,598,869.00
September, 1931.....	1,555,436.00
October, 1931.....	1,583,005.00
November, 1931.....	1,497,948.00

OPERATING EXPENDITURES	
December, 1928.....	2,064,632.41
January, 1929.....	2,104,552.24
February, 1929.....	2,007,945.24
March, 1929.....	2,099,208.11
April, 1929.....	2,071,386.46
May, 1929.....	2,064,381.77
June, 1929.....	2,034,409.13
July, 1929.....	2,045,112.96
August, 1929.....	2,068,388.63
September, 1929.....	2,050,510.38
October, 1929.....	2,079,042.06
November, 1929.....	2,091,089.31
December, 1929.....	2,127,053.36
January, 1930.....	2,190,909.95
February, 1930.....	2,067,112.17
March, 1930.....	2,120,861.86
April, 1930.....	2,064,328.56
May, 1930.....	2,102,407.49
June, 1930.....	2,027,258.00
July, 1930.....	2,038,042.00
August, 1930.....	1,985,045.00
September, 1930.....	2,079,154.00
October, 1930.....	2,033,163.00
November, 1930.....	2,003,297.00
December, 1930.....	2,031,148.00
January, 1931.....	2,058,681.00
February, 1931.....	1,963,391.00
March, 1931.....	2,026,363.00
April, 1931.....	1,976,430.00
May, 1931.....	1,967,866.00
June, 1931.....	1,932,832.00
July, 1931.....	1,925,156.00
August, 1931.....	1,870,985.00
September, 1931.....	1,890,891.00
October, 1931.....	1,885,424.00
November, 1931.....	1,829,539.00

The figures are supplied by 91 hospitals, with a basic bed capacity of 16,922.

Ministers' "Service Card" Wins Praise for Methodist Hospital

Indianapolis Institution Notifies Pastor of Presence of Member of Church in Hospital as Patient and Provides Chaplains' Room

METHODIST HOSPITAL, Indianapolis, Rev. John G. Benson, superintendent, recently called attention to the success and general satisfaction attending its use of a minister's "service card," and since this is an idea many other hospitals can use with profit, Dr. Benson was asked for further information.

"The Service Card program is working out fine," replied Dr. Benson, "and since the sending of these cards to clergymen of all denominations we have had a wonderful response.

"The idea came to me not a great while ago when I found a minister practically lost in the building, and, of course, rather embarrassed. In a great institution many ministers are more or less timid about coming in and finding their way about and the thought came to me that a Service Card would be a card of introduction, give him a little different attitude so that he would feel more at home. The ministers' private room came from the same suggestion because many times he does not know where to go to leave his hat and coat, has no private consultation room where any of the family might be taken or where he might meet people who wish to see him or where messages can be left from his home or from his church in an effort to find him.

"Our Board of Chaplains is made up of different denominations. We have tried to get the representatives of the major denominations to help work out this program. The chairman of this group of chaplains who serve without any cost to the hospital is the Rev. Jean S. Milner, D. D., pastor of the Second Presbyterian Church, Indianapolis. A post card announcement goes out to the different pastors when any of their people come into the hospital. This is meeting with very fine favor. I used this plan for some time at White Cross Hospital at Columbus except the Service Card which I have introduced for the first time here.

"I have a feeling that such a plan will be proof to the ministry of the city the undenominational character of the work that our hospital is en-

deavoring to do. At the same time, it will make all feel more at home. I am quite sure that it will change the attitude of all the employees toward these men when they come to know that they carry the minister's Service Card. It immediately makes possible the bending of any detail rule that we may have that is embarrassing to the minister for the employee will know that the minister's Service Card means that rules, so far as possible, are to be set aside for the one bearing the Service Card."

Additional information concerning the plan is contained in the letter sent to ministers:

"Administrators of hospitals keenly appreciate the therapeutic value of religious faith and fellowship in the effort to restore health to our patients. To this end a more than passive attitude is taken on the question and a very positive effort is put forth to make use of a patient's religious faith as a first step.

"The following has been recommended by the Board of Chaplains of the Hospital, a board composed of representatives of the various religious faiths.

"1. That all patients, upon being admitted be asked their church affiliation and if given, the hospital will notify the ministerial representative of that faith of their admittance.

"2. That there be issued to all ministers a Service Card by the hospital which card will serve as credentials to save ministers any possible embarrassment while in the hospital and assist all attendants of the hospital in identifying the ministers.

"3. That there be set aside a room

as near the lobby as possible for the private use of the ministers, where hats and coats may be left, consultations held, and notices posted for telephone calls.

"4. That there be furnished, by the hospital, such equipment that might be recommended as needed by the ministers of various communions as they look after the spiritual needs of their people in the hospital.

"We are writing to say that all the above has been provided and you are herewith given your Service Card and with it an invitation to make use of the service opportunity it affords. We want your assistance in helping our patients to make use of their religious faith to speed their recovery."

The postal card telling of the presence of an adherent of a religious faith as a patient in the hospital gives the patient's room number and contains the following announcement: "As a pastor you are always welcome in the hospital."

UNIVERSITY SCHOOL

Announcement recently was made of the opening of a school of nursing at Wittenberg College, in September of this year. The course will be conducted with the cooperation of Springfield City Hospital school of nursing and will consist of five years' work, two of which will be in the college and three in the school of nursing. Upon the completion of the course students will be awarded the degree of bachelor of science in nursing. Three types of applicants will be offered the facilities of the school: high school graduates seeking a college degree and a diploma in nursing, college graduates seeking a diploma in nursing, and graduate nurses from accredited schools seeking a degree of bachelor of science in nursing.

MEMBERSHIP GROUP

The following have been appointed on the membership committee of the Association of Record Librarians of North America: Chairman, Mrs. Enna C. Black, Grace Hospital, New Haven, Conn.; Mrs. Dorothy Gilman, Harborview Hospital, Seattle, Wash.; Lillian Johnstone, Hamilton General Hospital, Hamilton, Ont.; Mary Rhea, Nashville General Hospital, Nashville, Tenn.; Margaret Neale, University of Colorado Hospitals, Denver. Anyone interested in becoming a member of the association may communicate with the member of the committee nearest them.



"How I Would Plan a Small Hospital"

Architect Can Help Reduce Losses From Poor Collections, Says Writer, Former Superintendent, in Discussing Trends in Layout of Small Hospital Building

By MURRAY C. GODDARD

IT is not always appreciated by the architect that thoughtful planning of a hospital has as much effect on its economical operation as the most efficient administration.

This is particularly true in the smaller hospital where the administrative officer must have personal control of nearly every department. In other words, the easier a hospital of less than one hundred beds can be controlled and directed by one person with the proper qualifications, the more nearly will the unit cost of caring for a patient approach the absolute minimum.

Without doubt during the ten-year period following the war, economy was not generally given the careful consideration in hospital operation that it is receiving today. More and more patients demanded the private duty nurse when floor nursing care was fully adequate.

Economic affairs are gradually settling down to where the great middle class comprising ninety per cent of our population, must again count pennies, and the hospital which can continue its high standard of service, and yet keep its charges at a point where the average man can pay, is the institution most likely to be kept busy.

The smaller hospital is usually conceived to fill just one need, the care of the sick and injured. Research or teaching seldom enter into consideration and facilities for training nurses need not as often be considered when planning the future small hospital.

With the advance of medical science and general knowledge, citizens will demand adequate care in the hospital and much more in the way of the supplementary services of X-ray, laboratory, etc. Because of the cost of the equipment involved and the technical training required for its operation, these services can most efficiently and economically be furnished by the hospital serving the needs of a considerable district and affording an equal opportunity for scientific diagnosis and treatment to the young physician and to the older, financially established practitioner.

The most successful hospital from every point, is the one which, with the lowest cost of operation both in money and in physical effort, can supply every needed facility for the care of its patients. In order to plan a hospital in which this idea may be approached, let us consider the vital elements that must be assembled.

First must be provided an adequate supply of labor, trained and competent. Listed in the order of financial importance are nursing, dietary, probably administration, then housekeeping, laundry, maintenance and technicians.

Of equal importance to labor in hospital operation is the purchase and distribution of supplies, which again considered in the order of cost are foods, the medical and surgical supplies, fuel, pharmacy supplies, technical, housekeeping, laundry and maintenance necessities.

By no means of least importance, to insure the successful operation of the smaller hospital whose patients are neither the wealthy nor the poverty stricken class found in the large city hospital, is collection for services rendered. Even in this seemingly unrelated matter, the architect can exert an influence toward a more complete collection of hospital bills that will mean many thousands of dollars saved the hospital during the life of the building.

Considering the influence of planning on labor or personal service, it would logically follow that for true economy we must obtain the maximum value for the payment made. Therefore if we are paying for eight hours daily service from an individual, we must be sure that that person is on the job and available to fill any demand for service which may rea-

sonably be required of him. Planning the hospital so that it will be necessary for every employe coming on duty or leaving to pass by the central office will have a wonderful influence for good.

While not a problem in planning, the use of the time clock will be a valuable aid and will tend to lessen the personal attention required of the superintendent and will bring each employe to the central point when going to or coming from work. There seems to have been in the past, a certain feeling that the use of a time clock in the hospital was beneath the dignity of professional workers, but industrial and mercantile concerns of every size have found the time clock a vital necessity and it seems doubtful if human nature in the average hospital employe can be much different from the employe in a store or factory. In the General Electric Company every employe from the works manager to the floor sweeper, punches the clock morning, noon and night and this list includes professional workers and renowned scientists.

A still further use may readily be made of the time clock system in recording attending physicians in and out of the hospital. By means of a simple electrical device connected with the card rack holding the physician's card after he has registered in, the physician's presence in the hospital may be indicated at every important point on a series of name lighted indicators.

Industry has spent much time and money in motion study of its workers and has made this investment pay dividends by eliminating useless motion and effort. Hospitals have given too little thought toward lessening the steps taken by their nurses. Picture the usual method taken by the nurse when the patient has signaled that he needs some attention. The signal call is recorded at some central point where the nurse is stationed. The nurse must go to the patient's room and find out what is required and very often return to the central point for the glass of water, or the utensil and make a second trip to the patient's room. Probably one-third of the



Mr. Goddard until recently was superintendent of Lake County Memorial Hospital, Painesville, O., and has had other administrative experience. Prior to entering the hospital field he was an architect.

nurse's steps might be eliminated if the facilities and equipment most often used were available near the patient's room.

If for any reason it is deemed impossible to supply each room with the major facilities required in the care of the patient, a soft speaking phone system will be a great labor saver and should help considerably in eliminating the most common cause of complaint in hospital service,—the time it takes between giving the signal and the arrival of the nurse. Every hospital administrator knows from long and unhappy experience that the five minutes taken by a busy nurse to answer a call is seldom less than a half hour to the patient. With the phone system, if the nurse cannot give immediate attention, a word of explanation will eliminate distress of mind or if the patient's need is important immediate attention may be given.

When planning the small hospital, consideration must be given to present day trends in methods of operation of the hospital as well as the changed demands of the patient. Operating methods are changing because of the fact that the small hospital is now more apt to be run without a nursing school and more care must be paid to planning so that the greater cost of graduate nursing service need not be reflected in an increased charge to the patient. The changed viewpoint of the patient is reflected in the demand for greater privacy. It seems as if the day of the open ward in the small hospital has passed. Four beds should be the largest number in one room and neither the building cost nor the operating cost will be seriously increased if the largest unit is a room which will accommodate either one or two patients. The flexibility thus achieved in satisfying the patients' demands will compensate for the slight increase in first cost.

The plan whereby insurance, either public or private, pays the hospital care of the victim of an industrial accident is now widespread, and with a better understanding of this payment plan, this type of patient demands and often obtains private room care. It is entirely possible that the future traffic accident patient will be hospitalized under a somewhat similar plan whereby a general automobile tax will pay the hospital the cost of such a patient's care. Under such a plan there will be a demand for a uniform type of service in private or semi-private rooms.

Planning for the maximum labor economy probably will require that each nurse be kept directly with the patients for whom she is caring. This will make it increasingly necessary to



This is the first floor plan of a set-up for 24 to 48 patients. Note how office commands view of ambulance entrance, store room, as well as lobby and waiting room.

provide for all the commonly used facilities close by the patient's room. Under this plan each nurse will be assigned to care for a definite group of patients, the number depending on the needs of the group or their ability to pay. This system is commonly designated group nursing and the nurse is employed by the hospital on a salary basis.

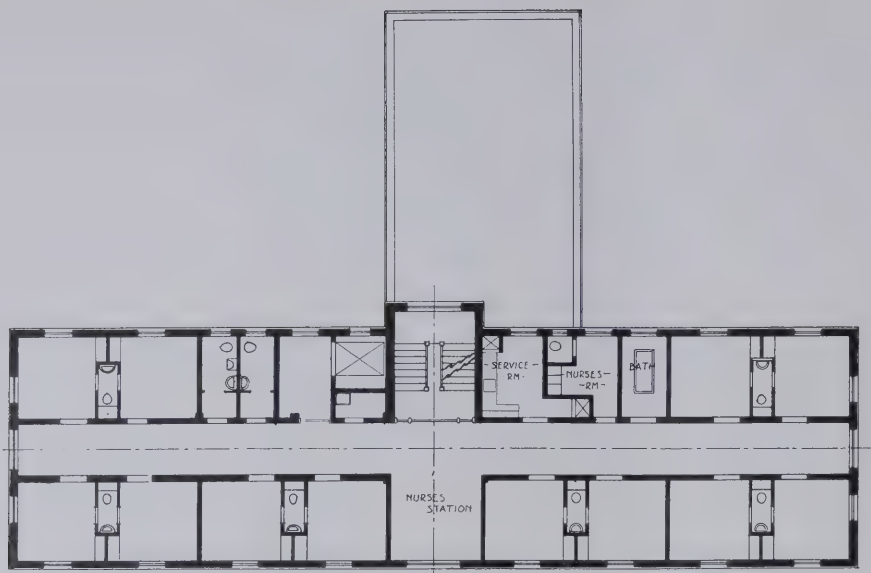
In the lower cost services it is probable that the semi-trained maid will perform much of the unskilled work of caring for the patient, with the graduate nurse undertaking the duties requiring her special skill. Even in the lower cost care, the elimination of useless effort needs thoughtful consideration, for the ward maid's pay is more than a student nurse's allowance.

For patients able to afford it, the private duty nurse will always be able to render the most adequate and satisfactory type of care. For the next financial class or for the patient in critical condition, two patients may use the entire time of one nurse; then, when the patient becomes convalescent and needs less attention, the work of the nurse may be spread over more patients. In either class of service the location of a small service or utility room between pairs of bed rooms should prove an ultimate economy. Depending on funds available for construction, these service rooms may be elaborate and provide a bath as well as other sanitary facilities or they may furnish little more than a lavatory and a toilet seat with facilities for cleansing utensils.

Planning the hospital to supply all dietary requirements from one central kitchen should afford an economy

both in labor and supplies. Having but one kitchen, all dietary employees are concentrated and their work may be better planned and supervised. With no foods stocked in floor kitchens there will be less loss. Such a central kitchen may be planned to serve both patients and employees. Each patient's tray may be set up directly under the supervision of the dietitian and immediately sent to the floor by means of an automatic tray conveyor or by a dumb waiter. All soiled trays would be returned to the central kitchen for dish washing and with fewer persons handling dishes there should be less breakage and a smaller stock will be needed to supply the average demand.

Labor economies in other hospital activities may be achieved by a detailed study of each worker's duties, and then by considering the fact that the average human being is inclined to exert a minimum of effort, plan to make it as easy as possible for these duties to be accomplished. For example, when planning the central office in the small hospital, locate the telephone switchboard so that the clerk, serving both as operator and bookkeeper, may keep as many of the hospital's activities under observation as possible. If, without leaving her seat, this clerk may answer the phone, operate the bookkeeping machine, answer the question of a visitor coming in the front door, see that an ambulance is backing up to the emergency room entrance or that a delivery man is at the storeroom door, it is certain that each of these activities will receive more prompt and efficient attention than if the clerk must turn around, get up from



Suggested arrangement in a small hospital, patients' floor. Note centralized location of service and supervision, and suggested plumbing arrangement for patients' rooms.

her desk or exert any other increased effort.

Another example in labor economy as well as possible supply economy may be instituted, when planning the storeroom. By making it possible for the storekeeper to serve most of the needs of the institution without leaving his post of duty he may also be allotted much of the work of the hospital requiring preparation of raw or partly manufactured supplies. This might include the packaging and sterilization of dressings, the preparation of stock solutions, and like duties. Similar economies may be made possible in many of the other activities of the small hospital if they are definitely sought before the hospital is built.

Considering next hospital supplies and economies in their use: in the usual small hospital the superintendent does much of the purchasing. The process of reasoning in purchasing any item in common use makes it necessary for the buyer to have a very complete system of stock records or have easy access to the records kept in the storeroom. By locating the storeroom so that it is easily accessible from the central office, one set of records will suffice and the superintendent has a further advantage of personal observation of the stock on hand and consultation with the storekeeper as to the satisfaction given by previous purchases or changed trends in its use.

Of all supplies used in a hospital, foods require the most money, and if plans are made to locate the storeroom near the central office, the kitchen should be planned not far

distant from the store center and the director is thereby afforded a further opportunity for first hand oversight of a major expense. True, every hospital, large or small, should have a dietitian, but in the smaller hospital the dietitian is likely to be less experienced and the study of hospital economics seldom receives the attention in college that it must be given in a small hospital.

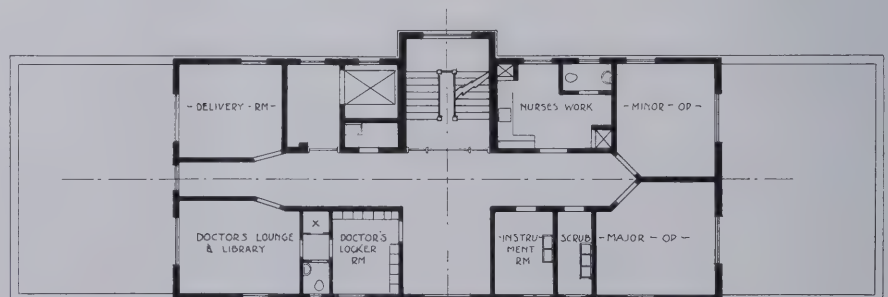
After foods, the supplies used in the care of the patient are the largest item in the hospital budget. Experience seems to indicate that there will be less loss and misuse if the stock available to the individual nurse and doctor is kept small. The central store or supply room, filling each need as it appears, will meet this situation and permit a more rapid turnover and better repair. Speedy service to each division of the hospital may be afforded by an automatic dumb waiter, the order being phoned to the supply room or written and dropped down a chute beside the lift. This plan could apply to nearly every item used in the care of the patient. A rigid system of return of non-

consumable articles or exchanges should be a part of such a plan.

Much trouble from costly repairs and maintenance may be eliminated if plumbing and heating pipes are kept in the open or arranged for future replacement without wrecking any part of the building. Brass piping for all hot water lines is usually an economy over a period of five or more years. Cleanouts in waste lines should be specified without stint, for such plumbing may be asked to carry everything from wilted flowers to a broken water glass. Standardize on one type of faucet with both valve disk and seat replaceable. Eliminate fancy plumbing fixtures where the common type will serve and use elbow action faucets rather than the knee action type as they cannot readily be knocked off by a hurrying nurse or a dressing cart. Do not forget proper grease traps in the kitchen and a special sump and screen for the vegetable peeler.

Coming finally to the planning for more efficient collection from patients, we must consider from what services these earnings originate and keep in mind the old saying that no one likes to pay for a dead horse. The best situation may be attained by planning to make it as hard as possible for a patient to leave the hospital without passing the central office where his bill should be paid.

The stay of a patient in the hospital makes a study of his financial situation possible and a minimum of credit losses occur from in-patients. A study of the work in one small hospital indicated that at least 50 per cent of the X-ray work, 20 per cent of the laboratory work, 70 per cent of the physical therapy treatments and nearly 60 per cent of the emergency service was for patients not confined to the institution. It would, therefore, seem logical to locate these departments on the ground floor where they are accessible without use of the elevator and where they may be closely supervised from the central office. The charge to the patient may thus be more easily collected before he leaves the building



The doctors' lounge and library is placed on the surgical department's floor in this plan.

or the same definite arrangement for future payment made that is possible with the in-patient.

The possible exception to a ground floor location might seem to be the laboratory, but in the small hospital one technician often serves both laboratory and X-ray, so that they should be kept together. The mobile X-ray unit may be wheeled to the surgery when needed and the pathological specimen may be quickly sent to the laboratory on the supply room lift.

The accompanying plans show how many of the suggestions made in this article may be incorporated in a hospital planned to serve 24 to 48 patients. The same line of thought is carried out in locating the doctor's lounge and library on the surgery and delivery room floor where the busy physician is most likely to have a few spare minutes while attending an obstetrical case or waiting for an operating room.

FOR TIRED EYES

Hospital executives will welcome the knowledge that they can refer patients to "Books for Tired Eyes," by Charlotte Matson, a list just published by the American Library Association and available at libraries, containing only books in large print. It enables people to read with the least amount of fatigue and is especially valuable for people with defective eyesight. The titles are arranged under such subject headings as fiction, biography, travel, literature, history, books for young people, and books of general interest. A list of books in extra large type, called the "Clear Type Series" also included, makes reading easy even for those whose eyesight is unusually poor. "Books for Tired Eyes" may be secured at most public libraries, or may be purchased directly from the American Library Association, 520 North Michigan avenue, Chicago. 58 pages. Paper cover, 50c.

"UNUSUAL EVENTS"

In connection with the paper by Sidney G. Davison, Butterworth Hospital, Grand Rapids, concerning reporting of unusual happenings (November, 1931, issue) a reader comments that she uses a red sheet of paper for such reports in order that her attention may immediately be called to them, if she has been away from her desk and the report has been turned in in her absence. The use of a report of this kind, she adds, has materially reduced embarrassing situations arising from complaints of patients or visitors concerning incidents of which the superintendent previously had not heard. With the report system, all such incidents are immediately reported to her, and steps are taken to correct mistakes, oversights, etc.

NO CASH, NO PRODUCE

"It's all right for those hospitals which are located where produce is available to accept foodstuffs instead of money for hospital bills," said the superintendent of a hospital in a northern state. "We thought we could do the same thing but have found that those people unable to pay in money for their hospital care haven't any produce, either."

A. H. A. Trustees Laud Valuable Work of Miss Garrison

"THE Board of Trustees (of the American Hospital Association) expressed its appreciation of the valuable services which the director, Miss Charlotte Janes Garrison, has rendered during the period when she was director of the Library," says a statement summarizing one of the matters acted on at the recent meeting of the A. H. A. board. This matter was the approval of the recommendation of the Library Committee to discontinue the services of the director because "present financial conditions urgently indicated the necessity for this action."

A brief announcement of this action was made in December HOSPITAL MANAGEMENT, but the official statement from the A. H. A. containing the above appreciation of the services of Miss Garrison was not received until the item, based on a verbal report, had been put into type.

The most important of the numerous contributions Miss Garrison made to the Library was the bringing of a hospital administrative viewpoint to this department. Prior to her directorship of the Library there had been no one experienced in hospital management on the staff. Miss Garrison's service as superintendent enabled her to select material that she knew from experience to be suited to the needs of the executives making inquiry.

Another contribution that will stamp Miss Garrison's term of service as outstanding and extremely helpful was her compilation of a list of books for hospital administrators. This was begun as a mimeograph sheet, but so great were the demands for copies and so widespread the interest that the association later published the material in a special leaflet. Careful selection and a thorough knowledge of subjects and authors in related fields, as well as in the hospital field, characterized this list, which contained a brief description

of the field covered, as well as full information as to cost, publisher, etc.

Another valuable service rendered by Miss Garrison was the development of published material which her knowledge of the problems of the field indicated was wanted. Articles appearing in hospital and nursing journals were suggested by Miss Garrison either to supplement existing inadequate material or to supply information where none previously was available in convenient form.

In her two and a half years' tenure of the directorship Miss Garrison made workers in hospital and allied fields in the Chicago area "library conscious" and encouraged the holding of meetings of various groups at A. H. A. headquarters, as well as providing interesting displays of literature for such meetings.

Members of the A. H. A. and those in allied fields who have had occasion to use the library will join with the trustees of the association in regretting the situation that made it necessary to suspend these phases of service and they join in the hope that conditions soon will adjust themselves to make possible the resumption of this type of operation of the library, one of the most valuable services the A. H. A. can render its personal and institutional members.

SUES FOR BILLS

Cincinnati recently brought suit against a neighboring township because the township trustees had failed to pay for hospital service rendered by the Cincinnati General Hospital to an indigent from the township. The last Ohio legislature passed a law providing that trustees of outside townships are responsible for the payment of medical and hospital bills for their residents who may be treated in a public hospital in a given community. Non-payment of charges on discharge, according to the law, classifies the patient as an indigent. It is not necessary for the hospital to obtain official authorization for service from the township trustees. The present suit is expected to test the constitutionality of the act which is bitterly opposed by many townships.

ISSUES BULLETIN

Hinsdale, Ill., Sanitarium is the latest hospital to issue a bulletin. It is called "Hinsdale Sanitarium Health Exponent," and Vol. 1, No. 1, featured the history of the institution, and several articles by different members of the professional staff of the hospital, as well as personal notes.

TEXAS DATES PICKED

The annual meeting of the Texas Hospital Association will be held in Dallas April 8 and 9. This is just ahead of the American Nurses' Association meeting in San Antonio beginning April 11.



How Depression Affects Clientele Of Large O. P. D.

Changing Fortunes of Patients Move Them Into Different Financial Classifications; Admission System at New York Post-Graduate Hospital

By J. P. RUPPE, M. D.

Assistant Superintendent, New York Post-Graduate Hospital, New York

THERE are certain significant factors which operated during the past year largely due to the depression which we have recognized as of interest in the administration of the out-patient department of the New York Post-Graduate Medical School and Hospital. The thought in publishing this article is that perhaps our experiences might be of service to similarly situated out-patient clinics in other metropolitan centers.

Our out-patient department which is averaging over 900 visits daily approximates the status of a self-supporting unit. We recognize, of course, that with our present rates we could not approach self-support save for the fact that our attending staff receive no direct financial reward for their work.

One of the important problems is to see that the privilege of using the clinic is restricted to those whose financial status calls for this type of medical service. We feel that a patient is eligible for treatment in our out-patient department if he cannot afford to pay for private treatment of the character he needs for his particular ailment. According to our last year's published statistics, the cost per patient visit to our out-patient department was 94 cents to the institution and 89 cents to the patient. We have attempted to maintain this approximate ratio of cost to expense throughout 1931.

An interesting factor is the difference in social status of the patient who this year rightfully is entitled to this treatment at approximately 90 cents per visit as compared with his predecessor of two or three years ago. By dividing our clinic clientele into three categories, depending on their ability to meet this fee, we find a considerable shift has occurred. Those patients who could barely pay clinic fees during prosperous times when beset with unemployment and part time work no longer could at-

tend our clinics. They were compelled to seek attention at the city clinics where there are no admission fees and where free X-rays, free laboratory service and free therapy are available.

Those who could pay clinic costs during the era of prosperity without too much financial strain are now relegated to the status of those who formerly paid clinic rates, but only with difficulty. These people are still coming to the out-patient department, but it is essential that every possible consideration be given their financial plight. Our attending staff is cooperating in every possible way with these people in ordering essential laboratory work only, in limiting their revisits to the clinics to those actually necessary and in ordering therapy which while effective is as small a financial handicap as possible.

Those who could formerly pay clinic rates without any difficulty now to a large extent moved down to the financial status of the former middle grade clinic patient. They have to be careful about their expenditures, but they can still pay costs without actual deprivation.

These classes constituted the clinic clientele of two or three years ago. They are now adjusting their costs and medical expenses, but the necessary change is not revolutionary in

character. The next group to be considered is the group which is making desperate and severe changes in its financial expenditures.

This group is the middle class American, who in former years was able to consult a private physician. The medical expense entailed was always an important item which was conscientiously met, but only with great difficulty. This group finding its income impaired, and in some cases almost actually exhausted, is now seeking clinic service for the first time. These people deserve special consideration, for their decision to come to a clinic is in many cases one which they have deferred making until the very last, meanwhile their illness having made considerable progress. They are often well-dressed, having some of the previous years finery still in their possession. Occasionally, the attending physician seeing how well dressed the patient is, feels that he is treating a client who should not be in the out-patient department. It behooves the administration to admit its patients with every reasonable precaution to see that all receive clinic privileges who merit them, and on the other hand, that no one does receive this attention who is undeserving. In general, our attending staff has confidence in our fairness.

Each patient is admitted after an interview with the admitting registrar. These interviews are held in private booths. Besides the routine questions, the income, the number of dependents and the ailment are ascertained before the patient has been admitted to the clinic. The vast majority of patients are either definitely clinic clientele or are obviously not eligible. The obvious clinic patient is registered and sent to the appropriate clinic. The case which definitely should seek private service is given a group list of three physicians, with the phone numbers and addresses and advised to seek private



THROUGH the courtesy of the United Hospital Fund, New York, the following figures concerning relation of earned income of outpatient department to cost per visit for 1930 is made available in 27 general hospitals of New York. As Dr. Ruppe says in his paper, Post-Graduate Hospital is practically self-supporting in its outpatient activities, earning 94 per cent of the cost.

Hospital	Cost per visit	Earned income per visit	Per cent of earned income
Polyclinic	\$0.36	\$0.51	142
French .....	.62	.84	135
Flower .....	.69	.92	133
Beth Moses.....	.31	.34	110
Norwegian Lutheran.....	.90	.91	101
N. Y. Post Graduate.....	.94	.88	94
Sydenham .....	.71	.66	93
Wyckoff Heights.....	1.37	1.24	91
Bronx .....	.51	.44	86
Methodist Episcopal.....	.58	.49	85
St. Luke's.....	.77	.63	82
Jewish of Brooklyn.....	.75	.61	81
Long Island College.....	.79	.64	81
Brooklyn	1.10	.78	71
Lenox Hill.....	1.03	.68	66
New York.....	1.03	.63	61
St. Mary's, Brooklyn.....	1.23	.75	61
Beekman Street.....	1.46	.85	58
Roosevelt	1.87	1.06	57
Community .....	.81	.43	53
Fifth Avenue.....	.96	.50	52
Knickerbocker	1.08	.55	51
St. Mark's.....	.88	.44	50
Presbyterian and Sloane.....	1.50	.66	44
Lebanon .....	.71	.24	34
Mount Sinai.....	1.17	.33	28
Beth Israel.....	1.12	.21	19
Average	\$1.00	\$0.63	63

attention. The admitting registrar has a definite scale to use and in general can assort these patients. Difficulty arises in rendering a just decision on certain borderline cases. If the registrar has any doubt, the patient is admitted for an initial visit. Through this procedure our clientele has had its eligibility decided upon by the admitting registrar. It is essential that this officer be courteous, helpful, and in every way tactful and just in order to make a favorable first impression in which the patient gains confidence in the helpfulness of the hospital. To have an incompetent person as the admitting registrar is a mistake.

All admitting cards at the close of the day are sent to the office of the director of social service. Here the financial statistics are again carefully scanned and notations are made on all borderline cases. These borderline patients are interviewed by a social service worker before a follow-up treatment is instituted, and if necessary a home visit is made.

If all the information supplied by the patient was honest and accurate, this double check-up would be all that was necessary, but a certain number of patients give erroneous addresses, aliases instead of their proper names, and other fallacious data.

Every week a number of cards are taken in rotation and home visits are

made regardless of the information obtained on the card. By this means we check the accuracy of our statistics in general. We have found that a large percentage of patients give information that is accurate. The most frequent discrepancy found is that of a false home address given by the patient in fear that we will not accept him unless he lives proximal to the institution. Being a large teaching hospital, we do not zone our patients so the fear is groundless. We have posted our clinic with signs informing the patients that we do not zone, and as a result are having less false information.

We agree absolutely that ideally every clinic patient should have a home visit by the social service department, but practically because of the expense involved have found the foregoing system satisfactory. Of course, in a small city where the clientele is often known personally, this difficulty is not so apparent.

Every possible precaution should be taken to admit to the clinic every patient who deserves clinic treatment and to exclude from the clinic all who should be private patients.

Courtesy, thoughtfulness, kindness and a spirit of cooperation should be shown new patients, as many of these clients are embarrassed at being compelled to attend an out-patient department.

A. M. A. Hospital Council Program Announced

The Annual Congress of the Council on Medical Education and Hospitals of the American Medical Association will be held in the Palmer House, Chicago, February 15 and 16. The Federation of State Medical Boards of the United States and the American Conference on Hospital Service will participate in the Congress. The program includes:

The Fundamental Place of the Hospital in the Practice of Medicine—Ray Lyman Wilbur, M. D., Washington, D. C.

The Hospital Serves—Bert W. Caldwell, M. D., executive secretary, American Hospital Association, Chicago.

The Hospital as a Community Medical Service Center—C. Rufus Rorem, Ph. D.

Discussions on papers—Rev. Maurice F. Griffin, Cleveland.

Some Problems in Nursing Education—W. S. Leathers, M. D., dean, Vanderbilt University School of Medicine, Nashville.

Discussion—E. P. Lyon, Ph. D., Minneapolis.

Integration of University and State Service in Hospitalization of Mental Cases—W. F. Lorenz, M. D., clinical director, Wisconsin Psychiatric Institute, Madison.

Advantages of Complete State Care for Mental Patients—F. A. Carmichael, M. D., superintendent, Osawatomie State Hospital, Osawatomie, Kan.

Discussion on papers—Charles F. Read, M. D., Elgin, Ill.; George A. Johns, M. D., St. Joseph, Mo.

Preliminary Report of Survey of Hospitals for Nervous and Mental Patients in the United States—John M. Grimes, M. D., Chicago.

Discussion—Franklin G. Ebaugh, M. D., Denver; Adolf Meyer, M. D., Baltimore; William A. White, M. D., Washington.

Institutional Treatment of Private Patients—George W. Robinson, M. D., Kansas City, Mo.

Care of the Veteran:

From the Standpoint of Medicine—Harrison H. Shoulders, M. D., secretary, Tennessee State Medical Association.

From the Standpoint of the American Legion—Speaker to be announced later.

From the Standpoint of the American Hospital Association—Paul H. Fesler, president, A. H. A., Minneapolis.

From the Standpoint of the Veterans Bureau—Speaker to be announced later.

Discussion—Charles B. Wright, M. D., Minneapolis.

Survey of Corporate Medical Practice—F. C. Warnshuis, M. D., vice-president, Federation of State Medical Boards of the United States, Detroit.

Some Phases of Contract Practice—R. G. Leland, M. D., director, Bureau of Medical Economics, American Medical Association, Chicago.

Economics of Industrial Medicine—Carey P. McCord, M. D., medical director, The Industrial Health Conservancy Laboratories, Cincinnati.

Discussion—Michael M. Davis, Ph. D., Chicago; I. D. Metzger, M. D., Pittsburgh; Charles B. Pinkham, M. D., Sacramento, Calif.

Physical therapy in hospitals for veterans will be considered at a joint meeting Tuesday afternoon, February 16.

Oxygen Therapy Department Is Test of Progressive Hospital

Far-Sighted Administrators and Executives Show Active Interest in This Service; Improved Equipment of Different Types Now Available

HOSPITAL administrators who pride themselves of keeping abreast of the field now are giving much thought to the rapid development of oxygen therapy and the equally rapid installation by hospitals of various devices to administer oxygen. At the recent national conventions wide-awake superintendents and executives asked many questions of the companies exhibiting oxygen therapy equipment and oxygen, and there was a very definite impression that this subject is uppermost in the minds of many progressive heads of hospitals.

One of the most interesting things a superintendent delving into the history of oxygen therapy will find is that prediction of the use of oxygen for beneficial results to the sick was made as long ago as 1798, but that actual experimental work in oxygen therapy was not seriously begun until 119 years later. This beats the record of anesthesia which was predicted by scientific delvers 50 years before it was formally recorded in medical annals. But actual oxygen therapy as we know it today was begun in 1917 in England, according to Dr. A. L. Barach, Presbyterian Hospital, New York, an outstanding authority in this field. The splendid results attained stimulated many to carry on experiments and research, with the result that much practical knowledge of oxygen therapy was gained in a few years. Even today, however, progress in designing equipment and in using oxygen is so rapid that no efforts to set up standards yet are attempted if we except one effort in New York several years ago, since which improvement in equipment and greater knowledge of oxygen therapy has tended to make obsolete some of the recommendations.

To date, oxygen therapy has been proved of value in the following general types of conditions:

Pneumonia, lobar pneumonia and broncho-pneumonia.

Post-operative collapse of the lungs.

Oxygen therapy is a service that is being rapidly adopted by many hospitals, its growth being comparable with the speed with which physical therapy departments were established a few years ago. Types of oxygen therapy equipment on display at national conventions attracted marked attention, and the simplicity and satisfactory results of these products, coupled with the proved benefit of oxygen, have caused hospital executives and medical men to take steps to install such departments in many institutions. Here are some facts about oxygen and oxygen therapy equipment from a paper by J. I. Banash, consulting engineer, before a recent Chicago Hospital Association meeting.

Atelectasis of the lungs of the new-born.

Asthma.

Emphysema.

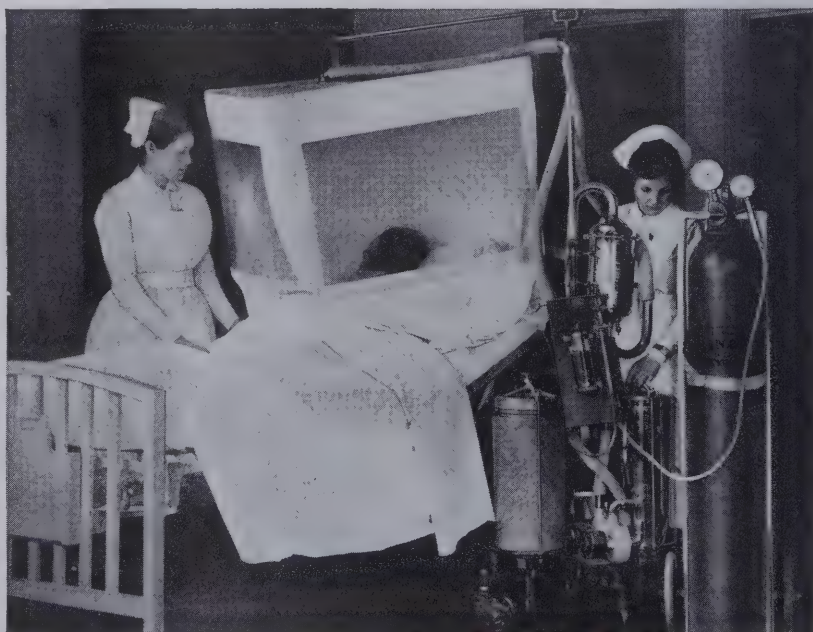
Fibrosis of the lungs, with acute oxygen-want.

Asphyxia from any cause, particularly when the oxygen is used with carbon dioxide.

Congestive heart failure.

Coronary thrombosis (Angina pectoris).

Thus far four types of equipment have been used to administer oxygen: masks, nasal catheters, oxygen tents and oxygen rooms. The greatest activity has been in the use of tents and there are a number of types of these available to the field. To date only a few oxygen rooms have been constructed, most hospitals being deterred by the cost, which is considerable in old buildings. As was intimated, progress in the design of equipment has been so steady that thus far there are no universally accepted standards. Tents and rooms, however, have given such splendid results that their use is rapidly increasing, and an oxygen therapy department this year holds the same status a physical therapy department held a short time ago when so many hospitals added this service. Face masks, besides being uncomfort-



One model of oxygen tent.



At top, oxygen room, Passavant Hospital, Chicago; below, another permanent room, Columbia Hospital, Milwaukee.

able in many instances, also permit only limited inhalation of oxygen, authorities assert, and infrequently can more than a 30 per cent mixture be held. It is agreed that a mixture of 45, 50 or 55 per cent is best, and that a mixture above that percentage of less value.

The nasal catheter provides a moderately priced means for supplying oxygen with reasonable control of concentration. The equipment is simple, and with proper technique, a concentration of oxygen adequate for average cases can be supplied.

The growing demand for oxygen tents is based on the fact that these tents permit more exact control of oxygen mixture and insure greater comfort to the patient. Formerly it

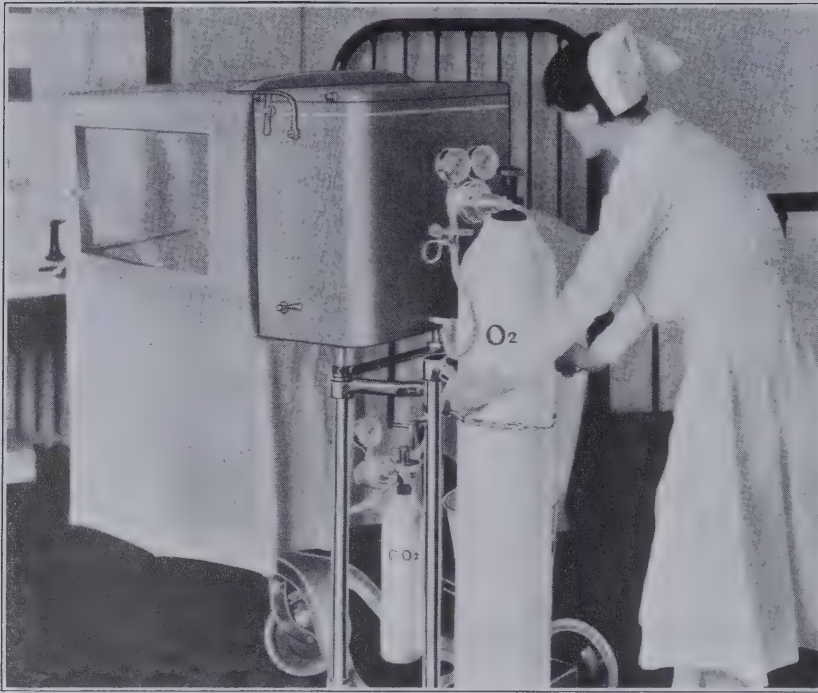
was felt that soda-lime trays for the removal of carbon dioxide were necessary with oxygen tents, but more recently, authorities say, the leakage of the tent washes the carbon dioxide away, especially when there is an inflow of oxygen at the rate of 5 to 7 liters per minute. Recent designs of tents include an automatic temperature control. Other advantages of tents are that they are easily portable, economical to operate, and their efficiency for applying oxygen therapy has been fully demonstrated.

Until recently oxygen rooms were permanent installations, of air tight construction, but recently a portable room has been made available which is reported to be quite satisfactory and, of course, much less expensive than a permanent room. A permanent room has temperature and humidity control and a ventilating system, also a soda-lime outfit for removing carbon dioxide.

The increasing use of oxygen therapy brings before the hospital administrator some new problems. Where a number of cylinders of compressed gas must be handled and serviced, strict regulations concerning this handling must be set up and enforced. A person familiar with the action of such gases ought to be in charge of their storage and use. For the present in the average hospital the only person at all familiar with compressed gases is the anesthetist and it is suggested that he or she be placed in charge of the oxygen therapy equipment until the time comes when other trained workers are available.

Oxygen comes in cylinders under compression of 2,000 pounds to the square inch. Container specifica-





New type of oxygen tent.

tions are controlled by the Interstate Commerce Commission and interstate shippers must rigidly adhere to them. The I. C. C. re-tests cylinders every five years. This suggests that care should be used in handling cylinders. They should not be used for rollers, nor should they be tossed over and handled carelessly. It is a good idea to store them alongside a wall, but do not place them against radiators. When received their valves should be inspected for possible accidental opening, and closed tightly. Protective caps should remain in the cylinders until they are ready for use. If it is necessary to have a number of wires and hose lines attached to the cylinders, these wires should be strung overhead and not where they will be in the way.

The pressure of the oxygen is reduced by a regulator. To blow out possible dust or dirt, the cylinder valve should be opened slightly, then closed, and the same should be done with the valve of the regulator, after which the opening should be wiped off with a clean cloth.

It is to be noted that the reducing valve for a cylinder of oxygen used for therapy is different from the valve on the anesthesia machine. The latter is adjusted to the machine, while the reduction valve of the therapeutic oxygen cylinder is capable of various adjustments as varying amounts of oxygen inflow are needed. Also, don't use a regulator for other gases for an oxygen cylinder.

Anyone handling oxygen cylin-

ders must be impressed with the fact that manufacturers insist that no oil be used on any cylinder. Oil not only is not necessary, but it is positively dangerous. It is a simple matter to attach the regulator, using the wrench provided. The adjusting screw on the regulator should be turned slowly and fully to prevent

damage to the seat of the valve, as an improper adjustment will send the full force of the 2,000-pound pressure against the seat, frequently causing some damage to the mechanism.

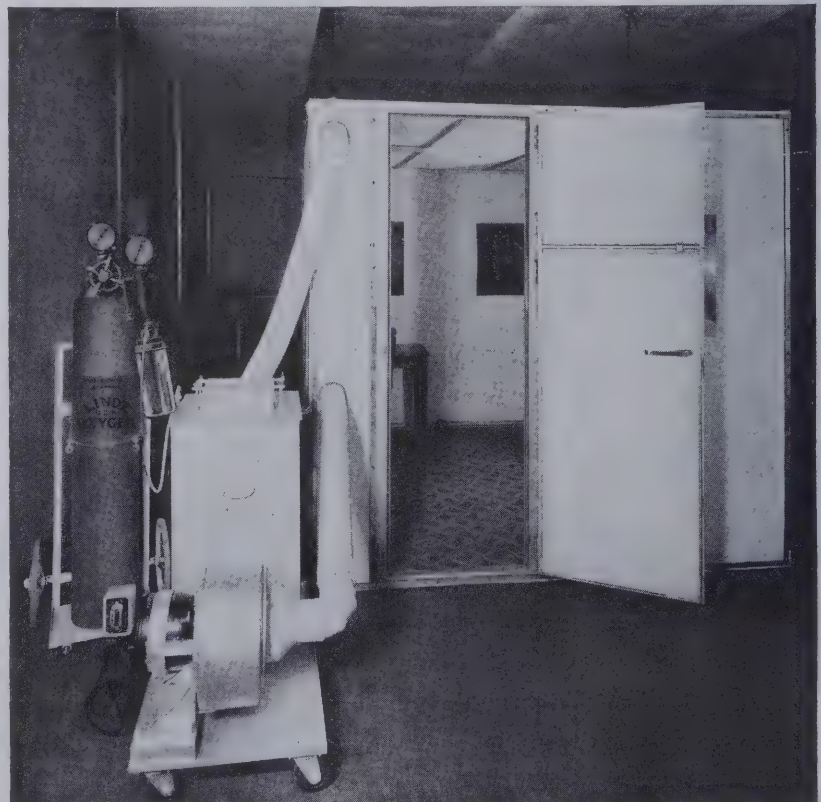
Oxygen manufacturers or service organizations frequently find that complaints of leaky valves are due to the fact that the valve was not properly opened.

Another important "don't" in connection with the handling of oxygen cylinders is that they should not be experimented with, nor should an oxygen cylinder be used as a container for any other gas.

Institutions using a large amount of oxygen are advised to install a cylinder room, with a manifold to which a half dozen or more cylinders may be attached, the gas to be piped to the departments in which it is used. Such an arrangement will permit the uninterrupted use of oxygen, as empty cylinders may be replaced on the manifold without interfering with or interrupting the oxygen supply flow.

NEW OFFICERS

Gerrit Henry, business manager, Alta Bates Hospital, Berkeley, Calif., recently succeeded William P. Butler, superintendent, Alameda Sanatorium, as president of the East Bay Hospital Association. Other officers include Jessie D. Scott, superintendent, Baby Hospital, Alameda, secretary-treasurer.



A type of portable oxygen chamber.

Grading Committee at Work On New Survey of Nurse Schools

All State Accredited Schools to Be Invited to Take Part;
No List to Be Made Public, But Material Will Not Be
Considered Confidential Like That Used in First Study

THE Committee on the Grading of Nursing Schools this month begins preliminary work on its second grading of schools, according to an announcement. However, there will be no accredited or "white list," and no "black list" published, the committee announces, although the material submitted by each school participating "will probably not be considered confidential in the same sense as was the material of the first grading."

Another activity upon which the committee is launched is the compilation of a minimum standard for a school of nursing.

Two more years of work are projected by the committee, if funds are available, the statement adds, continuing that funds for carrying on into spring are on hand, with reasonable prospects of additional gifts.

The statement of the committee reads in part:

"1. The committee plans to continue its work for two more years if funds can be secured for that purpose. It starts the new year with enough money to carry the work well into the spring, and there seem reasonable prospects of securing additional gifts.

"2. The committee has agreed to make a second grading. This will make it possible for schools to discover how much progress they have made since the first grading two years ago. All schools listed on the accredited list published by the National League of Nursing Education will be invited to take part. Those which accept will be sent monthly installments of report blanks, in very simple form. The study will probably cover the greater part of 1932, and reports will be sent back to the schools which take part as promptly as possible.

"The committee has agreed that no white list or black list based on this second grading shall be published at this time. It is, however, the present hope of the committee that, when the study is through, it may be possible to compile the results in a series of educational com-

parisons which may be made available to individuals who ask for specific information. In other words, there will be no published list showing how one school compares with another. Neither will there be any single mark or rating. Schools will, however, be compared on a fairly large series of different items; and it is the hope of the committee that the material will prove sufficiently valid so that information concerning where a given school stands on any particular comparison may be made available to inquirers. It is the belief of the committee that the time has come for some information based on gradings to be made available to prospective students and other interested persons.

"Schools taking part in the study should, therefore, understand that while no general publicity will be given to the results for individual schools, nevertheless the material will probably not be considered confidential in the same sense as was the material of the first grading.

"3. The Committee on the Grading of Nursing Schools is already attempting to formulate what may be thought of as minimum standards, which every school of nursing must meet if it is to call itself a school. These standards will be placed so low that there can be little excuse for any school not to meet all of them. Due consideration will be given to the fact that many schools

are financially handicapped and must work slowly towards improvement.

"4. Towards the end of 1933 the committee plans to publish a final report. The report will include, first, discussion of the problems concerning nursing education as the Grading Committee has seen them, and second, whatever recommendations the Committee feels qualified to make, leading towards the solution of these problems.

"5. The committee hopes to place in published form by the end of 1933 a practical handbook on the methods of grading which have been evolved through committee experience. Such a handbook could be used as a tool for grading or accrediting by local or national organizations.

"The program as adopted is a heavy one. The committee feels fortunate in having secured for a limited period the services of Ethel Johns, R. N., who will make the necessary field contacts and will take an active part in preparing material for the final committee report. Miss Johns has just completed an important service of a somewhat similar kind in connection with the school of nursing which, under the direction of Miss Anna D. Wolf, is now being organized in connection with the New York Hospital-Cornell Medical College project."

AUTO ACCIDENTS COSTLY

One-third of the year's deficit of \$50,000 at St. Joseph's Hospital, Lorain, O., was attributed to service to automobile accident patients who failed to pay their hospital bills, according to a published statement from members of the staff. A state compensation law, compulsory state automobile insurance and a state driver's license law were some of the remedies suggested.

STUDIES ADMINISTRATION

J. Dewey Lutes, superintendent, Ravenswood Hospital, Chicago, has accepted a young man, Charles Vadakin, Marietta, O., as a student in hospital management. A three-year course is outlined.

A. C. S. DATE PICKED

The Hospital conference of the American College of Surgeons will be held in St. Louis the week of October 17.



A. H. A. Asks Use of Suitable Civil Hospitals for Veterans

Non-Government Institutions Urged to Aid Association in Presenting Advantages of Its Plan to All Interested Agencies

A PROBLEM of considerable importance to the country at large and of special importance to the hospital field as the year 1932 begins is that of the hospitalization of veterans. The American Hospital Association is making an earnest effort to have thorough consideration given to the utilization of acceptable beds in civil hospitals by the government rather than have Congress erect new hospital buildings for veterans. President Paul H. Fesler, superintendent, University of Minnesota Hospitals, Minneapolis, and others delegated to represent the A. H. A., have been in communication and in conference with representatives of the Veterans Bureau, the American Legion and other interested groups, as well as with representatives of the American Medical Association, which also believes that the best interests of all concerned would be served if available civil hospital beds were utilized, rather than ignored.

The Colorado Hospital Association at its annual meeting supported the motion carried at the 1931 A. H. A. convention asking that an effort be made to have thorough consideration of existing vacant beds in acceptable non-government hospitals for use by veteran patients, and the Indiana Hospital Association some time ago circularized its membership with a copy of the A. H. A. resolution on this question.

The effect of this activity is noted in newspapers in different sections of the country, including a few which have commented favorably on the idea.

HOSPITAL MANAGEMENT publishes an editorial this month on the subject in which all hospital executives interested are urged to cooperate actively and closely with the American Hospital Association which is making the necessary contacts and which is proceeding carefully to obtain the necessary facts and figures to supplement its proposals.

Late in December the A. H. A. sent a questionnaire to all hospitals in the United States asking information concerning beds available for

possible veteran patients, charges for service in such facilities, etc. This information is needed in connection with the effort of the association to induce the government to use existing beds in acceptable civil hospitals rather than to spend huge sums for new veterans' hospitals, with resultant delay in hospitalization of the ex-service men and with the eventual cost for service to the government at least as much as immediate treatment in civil hospitals would total.

All hospitals receiving this questionnaire should return it promptly with the complete information asked, as this material is needed in the program the A. H. A. is undertaking, which, if successful, will benefit ailing veterans, the public and the hospital field at large.

The American Medical Association at the conference in Chicago sponsored by the council on medical education and hospitals will devote the morning of February 16 to a symposium on the care of the veteran, at which representatives of various interested organizations will speak. President Fesler will represent the A. H. A. Medicine will have as its speaker Dr. Harrison H. Shoulders, secretary of the Tennessee Medical Association, and speakers have been invited to present the views of the American Legion and of the Vet-

erans Bureau. Dr. Charles B. Wright, Minneapolis, will lead the general discussion.

"The purpose of this program," says an announcement of the A. N. A. M. A. council, "is to present a general discussion of some of the problems which have grown out of the present plan of the United States government for the hospitalization of veterans. It is believed that such a full and free discussion by the representatives of all groups interested will be to the advantage of the veteran and of the public at large."

With literally thousands of beds in acceptable civil hospitals available to veterans, the government opened five new hospitals for these patients during the last fiscal year and began construction of six others, while new hospital construction at veterans' homes was provided to add 1,635 beds in these institutions. At the beginning of the year there were 26,307 beds in the veterans' hospitals. The six new institutions had a capacity of 1,566 beds. On top of this, additions to existing hospitals were in progress during the year that would add another 1,902 to the number of veterans' hospital beds.

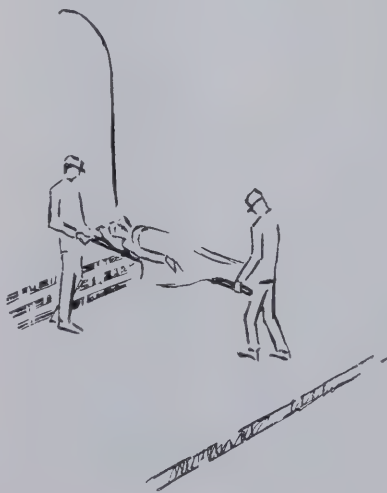
The net per diem rate reported by the bureau for the care of patients was \$3.72, a decrease of 12 cents compared with the previous year.

The veterans' hospitals reported a total of 109,649 admissions.

In connection with the annual report of the bureau reference was made to two important developments during the year: the consolidation of the national homes service and the bureau of pensions with the bureau for the formation of the Veterans Administration, and the amendment to the war veterans' act which allows disability payments for diseases or injuries not connected with the war service.

The Virginia Hospital Association, through its president, Dr. Knowlton T. Redfield, superintendent, Jefferson Hospital, Roanoke, urged its members to cooperate with the A. H. A. in the following letter:

"You recently received from the
(Continued on page 40)



WHO'S WHO IN HOSPITALS

WHILE this page usually is devoted to activities of superintendents and executives of hospitals, occasionally news has been published concerning trustees and officers of boards of directors. This time attention is called to the recent completion of a quarter of a century of service as president of St. Luke's Hospital, Cleveland, by Francis F. Prentiss. Hon. Newton D. Baker, former secretary of war; Bishop Herbert Welch, Dr. Morris D. Stepp, the only active staff man who occupied a similar position at the time Mr. Prentiss affiliated himself with the hospital, and Rev. Dr. T. S. McWilliams were among those who reviewed the splendid work of Mr. Prentiss and the remarkable advancement the hospital has made under his guidance. Like a number of other successful business and professional men who have become actively interested in hospitals, Mr. Prentiss not only has given freely of his experience and ability, but has also contributed large sums of money. The present home of St. Luke's, costing \$4,500,000, not only is evidence of Mr. Prentiss' generosity, but also proof of his skill as a leader. Dr. C. S. Woods is superintendent of St. Luke's.

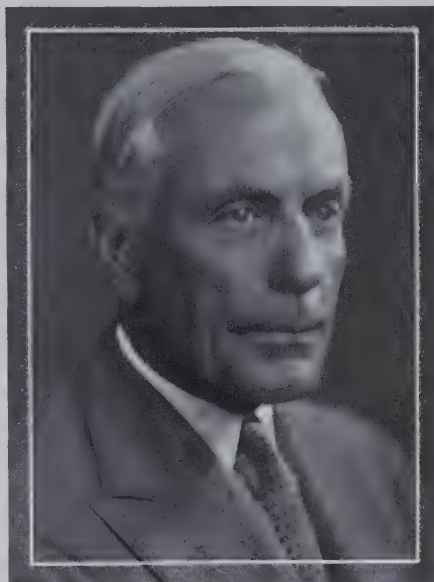
Dr. Max A. Bahr began his thirty-third year of service with Central State Hospital, Indianapolis, recently. He has been superintendent of the institution for eight years and prior to that was assistant superintendent and held other posts. Dr. Bahr recently was elected president of the Indianapolis Medical Society.

W. C. Penn has been appointed manager of Harrison Memorial Hospital, Cynthiana, Ky., succeeding W. A. Kendall, resigned.

The latest alumna of a school of nursing to become superintendent of the hospital with which her alma mater is connected is Myrtle Haugen, R. N., who now is in charge of St. Olaf Hospital, Austin, Minn. She succeeds Johanna Hanson, who resigned to accept a position in Minneapolis.

R. L. Hendee, superintendent, Portage County Hospital, Kent, O., was complimented by the board at a recent meeting on the showing the hospital has made in the face of present conditions.

Charlotte F. Landt, formerly superintendent of Sherman Hospital, Elgin, Ill., and more recently a student at Teachers' College, has been



FRANCIS F. PRENTISS

President, St. Luke's Hospital, Cleveland, Ohio

named assistant superintendent of nurses at Colorado General Hospital, Denver, succeeding Constance G. Munford, who becomes a field secretary for the American Nurses' Association.

Irmatrude Witt, Norfolk, Neb., is the new superintendent of Lutheran Hospital, Hot Springs, S. D.

Rev. Mother M. Augustine, founder of St. Anthony's Hospital, Oklahoma City, St. Francis Hospital, Maryville, Mo., and other institutions, recently celebrated her golden jubilee. Sisters from various institutions were present at the ceremonies at Maryville.

Gertrude Baker, superintendent, Willard, O., Community Hospital, recently was congratulated by the city council on her efficient administration, as a result of which the hospital finished the year with only a small deficit.

Mrs. Marie Thomas has resigned as superintendent of Petaluma, Calif., Hospital and has been succeeded by Mrs. Louise McNeil, formerly in charge of Willits, Calif., Hospital.

Cora Shinn of Concordia, Kan., has been named superintendent of nurses at Longview, Wash., Memorial Hospital.

Marie A. Wooders has resigned as superintendent of nurses, Springfield, O., City Hospital, to complete her work for a degree.

Anna F. Lockhart has resigned as superintendent of Riverside Hospital, Paducah, Ky.

Lulu Hicks has been appointed superintendent of Morrison, Ill., Hospital, succeeding Rachel Praetz, resigned.

T. J. McGinty, well known in Protestant Hospital Association circles, has been named superintendent of Davis Hospital, Pine Bluff, Ark. Dr. B. A. Wilkes recently served this institution as a consultant on reorganization for several weeks. It is announced that the school of nursing will be discontinued.

Leona Britton, formerly night supervisor, Thomas Huizenga Memorial Hospital, Zeeland, Mich., recently was appointed superintendent of the institution.

Gladys Collins, R. N., formerly of the Davis Hospital, Pine Bluff, Ark., recently became superintendent of Marietta Phelps Hospital, Macomb, Ill.

Ruth Willingham, formerly with St. Elizabeth's Hospital, Covington, Ky., recently succeeded Mrs. E. E. Fry as superintendent of Mayfield, Ky., Hospital. Mrs. Fry had been in charge for six years.

Josephine Nichols, formerly superintendent of Nichols Memorial Hospital, Battle Creek, Mich., recently resigned to become superintendent of nurses of Parkland Hospital, Dallas, Tex. Violet S. Hoar has succeeded her at the Battle Creek institution.

Robert Jolly, who takes an active part in various national programs and in numerous other meetings, no longer is superintendent of Baptist Hospital, Houston, Tex., for the simple reason that that hospital since January 1 has been known as The Memorial Hospital. So Mr. Jolly now is superintendent of the Memorial Hospital, Houston, Tex.

Dr. H. W. Kendell, superintendent, Covington, O., Hospital, recently held a visitors' day which was a great success and which gave several hundred citizens of the community and nearby territory a good idea of how the hospital serves.

Anna Schmitt, for many years superintendent of Clark County Memorial Hospital, Jeffersonville, Ind., and a regular visitor at A. H. A. conventions, recently resigned.

Mrs. Ruth Moloney is the new superintendent of Memorial Hospital, Norwalk.

Miss Mary Ellen Norwald, formerly of the Coleman Hospital of the University of Indiana group at Indianapolis, recently assumed the duties of superintendent of City Hospital, Rushville, Ind.

HOSPITAL MANAGEMENT

A Practical Journal of Administration

Published on the Fifteenth of Every Month by

CRAIN PUBLISHING COMPANY

(Not Incorporated)

537 SOUTH DEARBORN STREET, CHICAGO

Telephones—HARRISON 7504-7505

NEW YORK OFFICE, GRAYBAR BUILDING

Telephone—LEXINGTON 1572

Vol. XXXIII

JANUARY 15, 1932

No. 1

G. D. CRAIN, JR.
President.

KENNETH C. CRAIN,
General Manager.

MATTHEW O. FOLEY, Editorial Director.

THE EDITORIAL BOARD

ASA S. BACON, superintendent, Presbyterian Hospital, Chicago.

CLARENCE H. BAUM, superintendent, Lake View Hospital, Danville, Ill.

P. W. BEHRENS, superintendent, Williamsport Hospital, Williamsport, Pennsylvania.

H. E. BISHOP, superintendent, Packer Hospital, Sayre, Pa.

EDGAR A. BOCKOCK, M. D., superintendent, Gallinger Municipal Hospital, Washington, D. C.

FRED S. CLINTON, M. D., F. A. C. S., honorary life president, The Oklahoma Hospital Assn., Tulsa.

E. R. CREW, M. D., superintendent, Miami Valley Hospital, Dayton, O.

C. J. CUMMINGS, superintendent, Tacoma General Hospital, Tacoma, Washington.

N. E. DAVIS, corresponding secretary, Methodist Board of Hospitals and Homes, Columbus, O.

PAUL H. FESLER, superintendent, University of Minnesota Hospital, Minneapolis.

REV. H. L. FRITSCHER, superintendent, Milwaukee Hospital, Milwaukee, Wis.

ALICE M. GAGGS, R. N., superintendent, Norton Memorial Infirmary, Louisville, Ky.

MISS HARRIET S. HARTY, superintendent, St. Barnabas Hospital, Minneapolis, Minn.

M. T. MACEachern, M. D., associate director, American College of Surgeons, Chicago.

MRS. MARGARET D. MARLOWE, chief dietitian, Methodist Episcopal Hospital, Indianapolis.

ELMER E. MATTHEWS, superintendent, Wilkes-Barre City Hospital, Wilkes-Barre, Pa.

A. J. McRAE, M. D., Miami, Fla.

T. T. MURRAY, superintendent, Memorial Hospital, Albany, N. Y.

ROBERT E. NEFF, superintendent, University of Iowa Hospitals, Iowa City.

GEORGE O'HANLON, M. D., general medical superintendent, Jersey City Hospital, Jersey City, N. J.

JOHN H. OLSEN, superintendent, Richmond Memorial Hospital, Prince Bay, N. Y.

C. S. PITCHEER, superintendent, Presbyterian Hospital, Philadelphia, Pa.

W. W. RAWSON, superintendent, Thomas D. Dee Memorial Hospital, Ogden, Utah.

B. A. WILKES, Hollywood, Calif.

C. S. WOODS, M. D., superintendent, St. Luke's Hospital, Cleveland, O.

offer objection to the federal hospitalization of certain groups or of certain types of patients. Moreover, the federal hospitals have maintained a high standard of service, in economical administration as well as in professional work.

Today, however, there are thousands of non-government hospital beds in hospitals of high reputation which are available for veterans. Most of these beds are close to the veteran's home and friends. That these empty beds should be ignored and a huge new construction program be carried on by the government is what the American Hospital Association believes to be a matter for study. Like the government, the American Hospital Association, representing the non-government hospitals, places the patient first. It believes, however, that there are available a sufficient number of high grade non-government hospital beds to care for a large proportion of veterans needing hospitalization and it asks all groups interested to study this situation closely before launching on a construction program which will add tremendously to the government's investment in hospitals and serve patients whose numbers may be expected steadily to decrease over a period of a few years.

The American Hospital Association is cooperating with agencies in allied professional fields and with groups especially interested in the care of veterans. It has not yet issued a public statement of its proposals, for these proposals have not yet taken concrete form. However, inaccurate reports of what the non-government hospitals want apparently have reached the public and have been made the basis of criticism of a program which has not yet even taken tentative form.

The welfare of many others besides the patients is at stake in this program, for, assuming that the American Hospital Association is right in its contention that a large number of veterans may be properly and economically cared for in non-government hospitals, and some program mutually agreeable is carried out, merchants, employees and citizens, generally, in many communities throughout the country will benefit, as well as companies serving the hospital field as a whole, for the local hospitals will require more personal service and labor, more foodstuffs and supplies, to care for these additional patients, and the patients, in addition to the facilities of these high-grade hospitals, also will enjoy the advantages of being cared for close to home.

Every citizen, therefore, should be interested in this program of the American Hospital Association, to utilize existing acceptable facilities rather than to build new government hospitals. Hospital executives should especially cooperate and at present the best means of doing this would seem to work closely with the American Hospital Association and to follow what the A. H. A. considers the best course. Independent activity by individuals or local groups not fully acquainted with what really is being attempted can be extremely harmful.

When Unnecessary Hospitals Are Proposed

If hospitals could be conducted in such a way as to render high class, ethical service and at the same time produce a profit for those in control, there would be many more hospitals organized for profit than there are today. Moreover, there would not be the approximately 40 per cent decrease in the number of individually owned hospitals that the last seven years have seen. This reduction in privately owned hospitals which are almost universally conducted for profit should silence once and for all those who assert that "hospitals make money."

More Federal Hospitals, Or More Local Business?

One of the greatest contributions that the American Hospital Association and allied groups can make to the public at this time is the working out of an agreement, satisfactory to all parties, for the use of acceptable non-government hospitals for the care of veterans, for whom adequate federal facilities may not be available.

There is much agitation now to "keep the government out of business," but it has entered the hospital business on a gigantic scale and contemplated plans will still further increase the investment and scope of work.

When non-government beds were not available and when special conditions, universally recognized, made federal hospital expansion and construction necessary, non-government hospitals did not object, nor do they now

Since hospitals do not operate at a profit, even in spite of a few attempts to operate them on the border between high grade service and service that "just gets by," every hospital board, and especially every hospital superintendent, ought to take an active interest in any proposal to establish new hospitals in a center where facilities are sufficient, to say the least. Even in the so-called normal times, many hospital projects could not be justified on the basis of community need, but few real efforts apparently were made to show their sponsors that the enterprise was almost certainly doomed to failure. Today when unnecessary hospitals are announced, existing hospitals ought courageously to give their sponsors the facts governing hospital costs, earnings and community needs.

These remarks are occasioned by the recent opening of one hospital and the development of plans for another in two communities that have had more than adequate hospital facilities for some time. Already the recently opened hospital has become a problem to one of the older institutions and the chances are that if the new establishment repeats the history of such ventures, it will continue to operate at public expense for a number of years, and finally a merger will be worked out. In the meantime, the taxpayers have the burden of additional taxation to support the new hospital, which in turn depletes the census of the other institutions, raising costs and increasing deficits. This same story is likely to be repeated in the community in which the other hospital is projected.

There are many factors entering into the final approval of plans for a new hospital under such circumstances, but it would seem that if the existing hospitals had made a vigorous campaign of education of city officials, leading citizens and the public at large, such ventures might have been modified to produce special hospital beds or other facilities needed, instead of adding to the already adequate number of general hospital beds.

Both communities now will learn from hard experience what any trained superintendent could have told them—that hospitals do not make profits, but usually do well to "break even" and that unnecessary hospitals not only have a struggle for their own existence, but they do much harm to other institutions in the community.

Let's Modernize Our Hospital Phraseology, Too

A dietitian in charge of all dietary activities in a large metropolitan hospital recently told how, upon accepting the position, she induced the superintendent of the hospital to move her office from the ground floor to another section of the building where other administrative offices were located. As a result, she asserted, relations with other groups in the hospital were definitely improved and cooperation was obtained on a more generous and generally satisfactory basis.

Of course, the mere removal of an office from one floor to another did not accomplish these desirable results, but it undoubtedly helped, and if the transfer had not been made, the results probably would not have been nearly as effective as they are.

One point to be commented on in connection with this incident is that there are certain conditions or accessories to an activity or calling which tend to add greater dignity to it, in the minds of those outside that particular field. In other words, if a group of people, by their speech in reference to their work, continue to employ phrases that do not tend to explain the present status of

their activity, then the general public can not be blamed for thinking that of that activity in terms of fifteen or twenty years ago and to regard all connected with a particular field in the light of persons who, to say the least, are not up to date.

All of this is brought to mind by the frequency with which nursing educators continue to refer to schools of nursing as "training schools." To be logical, such people also should refer to themselves as "nurse trainers." "Training school," in the minds of many of the public, is a term linked with an industrial or trade school conducted by compulsory methods. "Nurse training" to such people might bring up mental pictures of young women scrubbing floors and doing other menial tasks, without benefit of text books, lectures or educational routine. Moreover, a hospital with a "training school" might care for "inmates," according to that same public, and who wants to be an "inmate"?

Hospital executives occasionally are guilty of use of similar terms which perhaps were perfectly suited to hospital service of 50 or 100 years ago.

It is argued sometimes that the tradition of the hospital calls for the term "training school" and "inmate" and similar terms. Does that same tradition call for service on a par with the time when such terms were appropriate?

In this connection, the use of the word "lay," as applied to a non-medical superintendent, undoubtedly not only is not strictly correct but it tends to defer the more general recognition of hospital administration as a vocation or calling, distinct in itself. It is perfectly proper for a person in one profession or calling to term a person not of that profession or calling a lay person. Nurses or doctors or engineers or lawyers, among themselves, call individuals outside their groups lay people, but for an American attorney to call a foreign attorney a lay person would obviously be incorrect, although the actual educational accomplishments of the two men might be quite different. But both are in the field of law. Does not the same reasoning apply in the field of hospital administration? A hospital superintendent presumably is one who superintends a hospital. Why should one person doing such work call another doing the same thing a lay person?

This custom of dividing hospital superintendents into groups according to type of previous training will not speed the day when hospital administration will be recognized as a distinctive calling, any more than will the practice of applying such terms as "training school" and "inmate" to activities or individuals.

Today More Than Ever Hospitals Should Know Costs

One of the many lessons of present economic conditions is the importance of knowing costs. An outstanding superintendent, who died last year, was wont to say that only about 10 per cent of the community hospitals know what their services cost. Numerous instances have come to light in recent months which indicate that there is a large number of hospitals which do not know costs and which undoubtedly are reducing beds which previously were priced below cost. The worst feature of these announced reductions is that there is no explanation to the public that the cost was more than the charge, and thus the public is led to believe that the hospital had been making a profit under the old price schedule and probably was making money under the revised charges.

The Hospital Versus the Hotel, as Seen by a Doctor

"Every Patient Cared for at Less Than Cost Makes It That Much More Difficult for Public to Understand," Says This Writer

By MARVIN E. STOUT, M. D.
Polyclinic Hospital, Oklahoma City, Okla.

WHAT makes it cost so much? Where does the money go? Who gets it? Why do we pay in advance?

These are the questions of the average man as he is presented with a statement for his first week's hospital care. And until he can satisfy himself with the answer, we will continue to hear of the high cost of medicine and more charity for the sick, when in reality the cost is not high. If the public could see the inside working of the hospital it would be amazed at the small profit, and at the great economy that every institution practices. The facts are that most well regulated hospitals function so smoothly and the service comes as such a matter of course that one scarcely realizes what he is getting for his money.

The hospital is a unique institution. The nearest thing it can be compared to is a hotel. The hotel has one thing to sell—"service"; the hospital has one thing to sell—"service," but with a difference.

A large hotel advertises its rooms from \$4 to \$10 per day, with advantages of bath, radio reception, luxurious beds, circulating ice water, porter, chamber maid and newspaper service (with the privilege of tipping). Hospital service includes rooms with meals served in bed at \$3 to \$8 per day; radio, telephone, bath, good beds, 24-hour nursing service, special diets, easy accessibility to the doctor's care and to the intricate equipment that may be needed; linens changed not once or twice a week, but as many times a day as needed.

When you register at the hotel you

are shown to your room by an employe, who carries your bags and waits for a tip. Should you need his services again, another tip is expected.

Compare this service with that of the hospital. Here you are taken to your room by the nurse, who has behind her at least a high school education before she entered upon three years of training. The patient is undressed and literally lifted into bed; all the personal belongings cared for and every comfort seen to before the nurse leaves the room. All patients (or guests) are furnished with a signal by the means of which they may call the nurse at any time, or as many times as they wish, day or night. The meals are not only furnished, but they must consist of carefully selected foods and are prepared by trained dietitians. These are only small matters with the hospital and are given but little concern, but the difference in the cost of furnishing the service is tremendous. Furthermore, the public should be made cognizant of the fact that every well organized hospital must maintain specially trained people to meet various emergencies, to conduct special examinations or tests, and to carry out special or unusual orders day or night. They must also have substitutes for these various people in case they should be out of reach when the emergency arises. When the hospital is called in the wee small hours of the night for an immediate blood count, an X-ray of the chest and a probable operation, those in charge must know where they can call out a laboratory worker, an X-ray technician and an entire operating room force at a moment's notice.

When the doctor casually orders for his diabetic patient a sugar tol-

erance test, a high protein and carbohydrate free diet, a daily check of the urine and sufficient insulin to control the sugar output, it sounds very simple, but it requires the services of a number of highly trained individuals to execute the order.

For the goiter patient, where a metabolism test is required, not only is a skilled technician needed, but delicate, expensive machinery must be provided and kept in perfect working order. Even the administration of oxygen to a pneumonia patient requires an expensive, intricate machine, as well as an experienced operator. All hospitals are compelled to carry quite an array of special equipment to meet conditions that arise in the course of caring for the sick for just the same reason as they are compelled to employ specially trained help.

All this adds to the general overhead expense of the hospital, but no one would want to patronize the institution that failed to provide for such services.

The replacement of linens, the laundry, drugs, dressings and solutions are all items of marked expense but they are essential in the care of the sick.

The average nurse works much longer hours and receives less pay than a plumber, a bricklayer or a painter (a condition of which we should be ashamed). The salary of the business manager is a pittance compared to a position of like responsibility in the business world. Hospitals are owned by the churches, the state, the city, or the doctors. None of the so-called "big business men" ever invest in hospitals. No banker, no merchant, no corporation head, not even a stock promoter. They universally tell you that hos-

From a paper before 1931 Oklahoma Hospital Association Convention.

pitals are poor business investments. Consequently, there is no fat salary for the president and vice-president and no quarterly dividends. Practically all hospitals are satisfied if their institution pays expenses and every dollar collected is spent to defray the actual expense of the service provided.

As our patrons acquire a more exact knowledge of all these things, so they can figure out for themselves, they will cease to inquire, "Where does the money go?" and will more readily understand the justice of the charge.

The trouble is, we are accustomed to buying that which we can put in our pocket and carry home, or drive out to show our friends, but when it comes to paying for service only it is difficult to analyze just what we are getting.

More and more people are taking their sick to the hospital. They have learned that the automobile mechanic can do much better work in his well equipped shop, with skilled assistants in the various branches of the industry, than he can in the family garage; and they rightly apply the same logic to the physician in caring for the sick in the home and they are demanding more and more service.

The hospital problem will not be solved by state or city medicine or more charity for the sick. That is merely shifting the responsibility onto other shoulders and creates a tendency toward deterioration in the service. The people who continue to accept charity soon become unable to provide for themselves. Just now there is such a demand for charity medicine that every institution and every charitable agency is taxed to the utmost. This, of course, is partially due to the depression, but every one who is at all familiar with this work knows that the tendency to accept and expect charity is increasing by leaps and bounds; and it is not wholly confined to people who are unable to pay. Right now it is getting to where many of the people instead of obtaining aid from their friends, relatives or employers, a whole group of advisers stand ready to tell him where he can obtain free care, and this is done without much regard for his ability to pay. He may be regularly employed, own an automobile, a radio, expensive furniture; he is able to take a long vacation journey, indulges in expensive habits, but because he does not have the ready cash at hand, he is directed to the Veterans Bureau, the church hospital, the city, state or county hospital, where the doctor is expected to donate his services and the hos-

"One of the greatest problems in the hospital today is to induce the public to be satisfied with the services they actually require. There is no time in the world when people are inclined to demand beyond their requirements or their ability to pay, as they do when their relatives are sick. To be frank, the public has been demanding cheaper hospitalization on general principles without any thought of the unreasonable demands they make when they themselves are sick, or the cost involved in furnishing their service. During the depression nearly every one wants to have a private room and unlimited services whether their condition requires it or not. It is the function of the hospital to educate the people that the average patient will recover just as quickly and just as safely in a ward with general nursing as he will in the most expensive room with a private nurse."

pital care for him at a rate far below cost.

I mention this because of the harmful effect in educating the public to the justice and reasonableness of the ordinary hospital charge and the extra burden it places on society.

It is hard for a man of the average intelligence to understand why a hospital can take care of a county patient for a flat fee of \$15 a week, including his laboratory and operating room service, when it costs him a third more because he happens to be paying it himself. The public should know that these charges must be supplemented by direct taxation, public endowment or by some other means, for it is difficult to educate the public on one hand to a reasonable and just compensation and at the same time permit the county, the state, the city, or any other well-meaning organization to continue to dump them in at such a nominal rate.

Every patient we care for at less



than cost makes it just that much more difficult for the public to understand the value of a just compensation.

I have no remedy to offer, but these are growing problems that vitally affect our hospitals, as well as the entire public, and deserve more than passing consideration.

"Hard Boiled" Nurse In Comic Strip

A number of readers recently called attention to a reference to hospitals in one of the comic strips nationally syndicated. The child heroine of the strip is pictured in a hospital, pitiful and ill, while a "hard boiled" nurse is represented as urging that she be turned out because she is without funds. In another incident in the series the nurse is shown urging the doctor not to pay any attention to the child because he has so many "important patients."

One reader, in commenting on the strip, says it is poor publicity for the entire field, being not only unfriendly, but also misrepresenting the hospitals. He asks if it is important enough to be referred to the American Hospital Association for a protest.

It would seem that all matters of this kind which present hospitals and hospital workers in an unfriendly and untrue light to hundreds of thousands of readers should be protested. Whenever they appear, some hospitals definitely feel an unfavorable reaction, and usually, too, when a protest is made it will be found that the person responsible had no intention of harming hospitals.

Not long ago one hospital protested a syndicated article referring to heartless methods of collection, and the author of the article expressed his sorrow and said that he did not intend to stimulate ill feeling against hospitals. It is likely this letter will have the effect of stopping further articles. Undoubtedly individual protests to the editors of the papers in which the latest unfriendly material appears will likewise be beneficial to hospitals.

TO MEET IN WASHINGTON

To participate in the celebration of the 200th anniversary of the birth of George Washington many associations will hold their annual conventions in Washington this year. The American Public Health Association's sixty-first annual meeting will be held in Washington October 24-27.

LOSES MOTHER

C. J. Cummings, superintendent, Tacoma General Hospital, Tacoma, Wash., widely known in the field, recently suffered the loss of his mother.

PHYSICIAN _____ 1932 _____ BALLOT NUMBER _____

ADDRESS _____ HOSPITAL BUSINESS IMPROVEMENT

<input type="radio"/> Hospital Community	<input type="radio"/> Hospital Connections	<input type="radio"/> My Patients	<input type="radio"/> Hospital Service	<input type="radio"/> Hospital Rates	<input type="radio"/> Prejudice If Any
<input type="checkbox"/> I am in the community	<input type="checkbox"/> I have none	<input type="checkbox"/> They do not object	<input type="checkbox"/> Good service	<input type="checkbox"/> I found them normal	<input type="checkbox"/> I have none
<input type="checkbox"/> The nearest hospital to me	<input type="checkbox"/> Makes no difference to me	<input type="checkbox"/> They do object	<input type="checkbox"/> Poor service	<input type="checkbox"/> I found them low	<input type="checkbox"/> I cannot state them
<input type="checkbox"/> I live here but my office is elsewhere	<input type="checkbox"/> I have a few	<input type="checkbox"/> I insist they go where I want	<input type="checkbox"/> Food service poor	<input type="checkbox"/> I found them high	<input type="checkbox"/> Hospital advertising
<input type="checkbox"/> The hospital is some distance from me	<input type="checkbox"/> I have too many	<input type="checkbox"/> I do not insist	<input type="checkbox"/> O.B. service poor	<input type="checkbox"/> Patients cannot pay	<input type="checkbox"/> Clinic department
<input type="checkbox"/> The hospital is too far for my patients	<input type="checkbox"/> I am not in practice	<input type="checkbox"/> My patients are scattered	<input type="checkbox"/> Surgical service poor	<input type="checkbox"/> Can pay in installments	<input type="checkbox"/> Private hospital
<input type="checkbox"/> Never was in the hospital	<input type="checkbox"/> I do only consultation work	<input type="checkbox"/> I have no hospital patients	<input type="checkbox"/> Nursing service poor	<input type="checkbox"/> Patients like flat rates	<input type="checkbox"/> For profit hospital
<input type="checkbox"/> Using the hospital now	<input type="checkbox"/> Would consider a connection	<input type="checkbox"/> I treat only specialized patients	<input type="checkbox"/> Intern service poor	<input type="checkbox"/> X-Ray charges high	<input type="checkbox"/> Equipment inadequate
<input type="checkbox"/> Will come to the hospital		<input type="checkbox"/> My patients too rich	<input type="checkbox"/> X-Ray service poor		<input type="checkbox"/> No inducements to me
		<input type="checkbox"/> My patients too poor	<input type="checkbox"/> Office service poor		

The superintendent who knows what physicians eligible to practice in the hospital thought of the questions listed above would be much better prepared to serve the medical staff. This article tells how a number of physicians answered these questions.

Doctors' Ballot Helps Hospital to Improve Staff Relations

ROGERS PARK Community Hospital, Chicago, Harry L. O'Connor, executive officer, recently made a unique check-up of the attitude of physicians on the staff and those in the area served by the hospital who were eligible to use the institution's facilities by means of an original questionnaire ballot.

Hospitals with large staffs, or those whose facilities are available to all reputable physicians in a given area, will be interested in the experiment and in the accompanying reproduction of the ballot and the information it developed. It is suggested that a somewhat similar ballot form might be worked out to obtain reactions of patients as to different phases of hospital service.

The following is a compilation of the information obtained by the ballots:

HOSPITAL COMMUNITY

	Per cent
1. I am in the community.....	32
2. The nearest hospital to me.....	12
3. I live here, but my office is elsewhere	20
4. The hospital is some distance from me	44
5. The hospital is too far for my patients	16
6. I never was in the hospital.....	20
7. Using the hospital now.....	46
8. Will come to the hospital.....	40

HOSPITAL CONNECTIONS

1. I have none.....	4
2. Makes no difference to me.....	16
3. I have a few.....	72
4. I have too many.....	..
5. I am not in practice.....	..

6. I do only consultation work.....	8
7. Would consider a connection....	24

MY PATIENTS

1. They do not object.....	32
2. They do object.....	8
3. I insist they go where I want....	48
4. I do not insist.....	28
5. My patients are scattered.....	56
6. I have no hospital patients.....	..
7. I treat only specialized patients..	12
8. My patients too rich.....	4
9. My patients too poor.....	..

HOSPITAL SERVICE

1. Good service	68
2. Poor service	4
3. Food service poor.....	4
4. O. B. service poor.....	4
5. Surgical service poor.....	..
6. Intern service poor.....	4
7. X-ray service poor.....	12
8. Office service poor.....	..

HOSPITAL RATES

1. I found them normal.....	44
2. I found them low.....	20
3. I found them high.....	..
4. Patients cannot pay.....	4
5. Can pay in installments.....	8
6. Patients like flat rates.....	44
7. X-ray charges high.....	4

PREJUDICE, IF ANY

1. I have none.....	72
2. I cannot state them.....	..
3. Hospital advertising	16
4. Clinic department	12
5. Private hospital .....	..
6. For profit hospital.....	..
7. Equipment inadequate .....	..
8. No inducement to me.....	4

"The experience I have had with the ballot is encouraging," says Mr. O'Connor, "and may be summarized as follows:

1. It acted as a medium of good will between the hospital and the physician.
2. It gave each physician an oppor-

tunity to express his likes and dislikes about our service and organization.

3. It was the cause for revising our physician's lists.

4. It eliminated unfair competition with other hospitals by the removal of the names of those physicians on our lists who were located in other communities, and of those connected elsewhere who expressed a desire to be dropped.

5. It gave me names of new physicians in our neighborhood who expressed a desire to join our organization.

6. It gave me an opportunity to do some propaganda work among the physicians.

7. It helped a great deal in locating our mistakes and in their correction.

8. It helped to readjust our hospital charges."

A. H. A. Asks Hospitals to Tell of Beds

(Continued from page 34)

American Hospital Association a questionnaire inquiring as to the available bed capacity for use of sick veterans in our civilian hospitals. As you know, there has been considerable agitation on the part of Congress to further establish new hospitals for this purpose.

"It has been clearly shown that if the government will utilize the bed space now available in civilian hospitals, that the enormous expense of building, equipping and staffing these new hospitals would be saved, and, in addition, this would be a means for further remuneration to the civilian hospitals of this and other states.

"I realize that we all receive various questionnaires from time to time but I believe that there has been none received for many years that deserves the consideration and prompt attention demanded by the one in question. May I ask, as president of the Virginia Hospital Association, that our hospitals do their part very promptly in this instance?

"The plans for a joint meeting of the North and South Carolina Associations to be held in Richmond on May 17-19, are going forward nicely."

Dr. C. S. Wood, president, Ohio Association, also sent a notice to members urging cooperation with the A. H. A. "The message which this questionnaire delivered to you is a very important one," says the notice. "The prompt return of this questionnaire, properly filled, will greatly expedite the work of the officials who have the responsibility of assembling facts relating to the number of available beds in the general hospitals which might be utilized in the care of the sick veterans. May I urge you to give immediate attention to this questionnaire?

Nursing School an Economic Asset To Small Hospital, Says Owner

Private Institution Head Presents Interesting Comparison of Costs of Student and Graduate Nursing in Debate on This Subject

By JOHN ANDREW, M. D.

President, Longmont Hospital, Longmont, Colo.

THERE are those who claim that the requirements of entrance for nurse training are not ample, and those who claim they are adequate.

There are those who contend that a hospital under a certain daily average should not conduct a school because of cost, limited material, inadequate teaching facilities.

There are those who advocate that there are too many graduates and too many nurses.

There are those who advocate that a course in training should be equivalent to and entitled to a degree equal to that of the various arts degrees.

There are those who contend that a training school is not an economic asset to a hospital. That graduate nursing is far cheaper and more efficient than student nursing.

I am in agreement that only standardized general hospitals, irrespective of size, should conduct training schools. This type of hospital is the only one that has a cross-section of most of the ailments that require hospital care.

The special hospitals that care for a limited or restricted class of patients can and should give special courses to those who desire the type of nursing they demand. This should be termed advanced or post-graduate training. Many of the smaller hospitals, whose directors and staff take their schools seriously can teach, direct and furnish ample material for instruction and qualify graduates to compete with graduates of larger schools and intelligently nurse those entrusted to their care.

Through a school a hospital obtains a certain morale, a loyalty, an interest, a responsibility and permanency of its nurses that is not obtained under graduate nursing. These, therefore, are economic features to be considered.

Are there too many graduates or too many nurses already in the field? My answer is, "No." There is, however, too much centralization of nurses; over-crowding in the larger centers is evident.

There is too great a tendency to be selective of cases. In the past few years it has frequently been difficult for a physician to secure a nurse in a home in small towns or in the country. Many of them demand hospital cases only, an economic problem that is prohibitive to the family. The profession is becoming too much institutionalized and is losing its greatest field and opportunity for continuous employment and contact with the public.

Most hospitals with a daily average of more than 100 patients have schools, and I presume that they continue because it is more economical and probably more efficient for reasons previously mentioned. The same argument prevails with the smaller hospitals if a standard, sensible and efficient curriculum is adopted.

I am glad to give you my experience as an instructor, a director, a manager, and a member of the staff of a small hospital that conducted a training school for 23 years.

The school has been temporarily abandoned to try the graduate system, under which it is now operating. The chief reason for this change was because the requirements for accredited schools made by the state board of examiners are economically prohibitive. I firmly believe that it will prove to be likewise

to most of the largest institutions we have in our state.

Let me give you some figures to prove that a training school in a small hospital is economically sound and materially an asset.

This hospital has 33 active beds and seven bassinets that can be forced to a capacity of 40 beds and 10 bassinets with little difficulty. It has been operating since February, 1907, privately owned, maintained a training school from date of organization to October, 1930. Has operated with graduate nursing since October, 1930.

I shall not give you the figures covering cost of nursing school through all of the years, as it would be tiresome. I shall select three peak years previous to the change, giving the cost per patient day for nursing, and the year ending October 1, 1931, the year it has operated under graduate nursing. The reason for this year, which is not a fiscal year, is because all student nurses had not completed their course until October, 1930, and this fiscal year has not closed. I have been compelled to overlap three months into the past year.

Two of the three years selected are years when costs of commodities were at their peak and the nursing costs were the greatest of any years preceding. The year from October 1, 1930, to October, 1931, benefited in the gradual reduction of the same costs, the year of graduate nursing.

We are aware that for the past several years there seemed to be no limit to our aspirations, many of these causing the expenditure of great sums of money, created an over-expansion in almost everything. It has been a period of confusional insanity, afflicting everything and everybody. The disease is hopeful, for it is remedial. Let us get away from elaborate, ostentatious methods and get back to the fundamentals of sound judgment and conservative practice. The question resolves itself into two questions:



This paper was presented as a symposium at the 1931 Colorado Association meeting. Guy M. Haner, Beth El Hospital, Colorado Springs, presented the other paper. See December HOSPITAL MANAGEMENT.

33-Bed Hospital Presents Figures Showing Nursing School Is Economy Compared to Full Graduate Service

Year	Daily Patients	Patient		Salary	Board and Room	Laundry and Incidentals		Total Cost	Nursing Costs	
		Days	Nurses						Total Per Patient Day Cost	Per Nurse Per Patient Day Cost
1926.....	17	6,232	12	\$2,285.00	\$4,320	\$939.89		\$ 7,544.89	\$1.21	\$0.10
1928.....	17.1	6,260	17	4,417.35	6,120	939.89		11,477.24	1.83	.108
1929.....	19.6	7,154	15	4,442.29	5,400	871.31		10,713.60	1.50	.10
To Oct. 1, 1931.....	18	6,535	8	9,422.62	2,880	348.20		12,650.82	1.935	.242

1926-1928-1929 "nurses" were graduates and pupils; Oct. 1, 1930-Oct. 1, 1931, graduates only; board and room figured at \$30 per month per nurse; total cost "per patient day" is obtained by dividing total cost per year by number of patient days; cost "per patient day per nurse" obtained by further dividing by number of nurses.

These figures were produced by Dr. Andrew to show how a 33-bed hospital found student nursing more economical than graduate nursing for its patients.

Can hospitals continue without training schools?

Or, can training schools be conducted without hospitals?

Taking for granted that student nursing lessens the cost of per patient day nursing, is it not an economic problem that the hospital must consider, in face of the demand that is constantly being made by the public, for lower cost of illness?

Taking for granted the contention that the student nurse's time for practical training is too great for her to give adequate attention to the theoretical and finished instructions that many desire, is it not true that an additional system should be established so that she can continue her education for the special fields of nursing she chooses to follow?

A shorter course for the elementary and practical training should be required, to be given in standardized hospitals, to be followed by advanced training and instruction in schools created for this purpose, having the financial support and equipment to train for the special fields.

I fear that if the present plan of forcing all hospitals conducting schools to meet the requirements established by the various state boards, increasing the cost of per patient day nursing in many instances, if not in all, that the nursing profession will force in a system of lesser efficiency that will train a class of women who will work at a lesser rate per diem, yet receive much more than they can obtain as sales girls, factory workers, etc.

This, I fear, the public will demand. It is true that everyone, from

the poorest to the richest, desires the best, but it is dollars and cents that rule the world, so evident to all in these trying times. It is reasonable to presume that those who can and will be better qualified to accept advanced training for the numerous special fields, will not want for employment. The hospitals, public health service and allied special fields will absorb them as rapidly as they are available. I do not deny that the desire and hope of many, better informed, to bring the profession to the highest standard obtainable and make every graduate nurse a super-trained individual, is ideal and probably correct.

The thing that confronts the hospitals and the medical profession is: who is going to pay? In conclusion, let me state that hospitals cannot continue without some student nursing; that nurses cannot be trained without hospital supervision; that a training school is an economic asset as long as requirements to be accredited are within sane and just limits; that today too much emphasis is placed upon the educational feature of student training, to the detriment of that class of patients from whom support and maintenance of the hospital is derived.



Nursing Council Plans Institute

The Central Council for Nursing Education will hold the third annual institute for boards of hospitals and public health nursing organizations at the Palmer House, Chicago, February 15, at the time of the meeting of the Council on Medical Education and Hospitals, American Medical Association. Among the speakers will be:

Dr. Herman N. Bundesen, president, board of health, Chicago; Dr. Malcolm T. MacEachern; Katharine Tucker, general director, National Organization for Public Health Nursing; Emilie G. Sargent, executive director, Visiting Nurse Association, Detroit; Ella F. Best, acting executive secretary, National League of Nursing Education; Miriam Ames, executive director, Joint Committee on Hourly Nursing, Chicago.

Arrangements are being made to secure an outstanding speaker for the luncheon meeting.

NEW NURSES' HOME

One hundred and sixty-six students are accommodated in the new nurses' residence of St. Paul Hospital, Vancouver, B. C., 103 of the rooms being single rooms. The educational department is in keeping with the size, and on the main floor includes two large lecture halls, a senior class room, demonstration room, science room, and reference library. A large, attractively furnished living room with a huge fireplace and connected with a kitchen whose equipment includes a magnificent silver tea set and dozens of dainty dishes already has been the center of enjoyable social affairs.

THE HOSPITAL ROUND TABLE

Use for Safety Glass

The visiting committee of an eastern hospital recently suggested, in the annual hospital report, that the drug storage room in the basement be equipped with safety glass as a precaution in the event of a possible explosion. This is another example of the varied uses such glass has in a hospital, one more common use being in rooms in which delirious or nervous patients may be routinely treated.

Endowing a Bed

With the preparation of annual reports a matter of consideration by many hospitals at this time, it is suggested that careful reading of those portions of such reports as are reprinted year to year be made. Especially, it seems, can some hospitals change the wording of their requirements for endowment of beds. For instance, if the hospital report states that the sum of \$300 will endow a ward bed for one year, can an ordinary person unacquainted with hospitals be blamed for criticizing any schedule of room charges? The hospital, of course, does not mean that for \$300 the donor may name patients to keep that bed continuously occupied, but such an interpretation may be made by the average reader, who then may believe that the endowment sum, \$300.00, meets all costs. Consequently, this person might infer that any ward rates above \$1 a day represent a profit. Unless some explanation to indicate that a bed endowment does not cover cost of continuous use is made when this matter is mentioned in print, an erroneous idea may be given to the public.

Remedy for Roaches

The following is from a book on hospital management, published for the U. S. Public Health Service hospitals. The author, Dr. M. H. Foster, is medical director of the service. He says:

"Of all chemicals recommended for the destruction of roaches, sodium fluoride has proved best. It may be used undiluted or mixed with cornstarch, flour or plaster of Paris. Spray liberally where insects congregate and where they are known to hide. Dust on edges of baseboards, behind cabinets, sinks or shelving, etc. As a usual thing the roaches do not eat the poison direct, but lick it from their feet.

"The writer has used the following mixture with success: sodium fluoride 3 parts by volume; cocoa powder 2 parts; flour 6 parts; pulverized sugar 3 parts.

"Another method is to wet pieces of stale bread in milk, pour on a little syrup, dust on the sodium fluoride and set out in small quantities on pieces of cardboard in places where roaches congregate at night.

"Borax is possibly the next best remedy. It is used practically the same way and may be mixed with chocolate (1 to 3), flour or inert substances."

New Hospital Laws

State legislation affecting hospitals that was passed in 1931, according to the bureau of legal medicine and legislation, American Medical Association, included:

License—Pennsylvania passed a law providing for the licensing of all hospitals and private nursing homes of two or more beds.

Liens—Delaware, Montana and Oregon passed laws giving hospitals a lien on any damages an injured patient treated by the hospital obtained.

Fraud—North Carolina passed a law making it a misdemeanor to obtain credit from a hospital fraudulently.

Unsuccessful bills dealt with identification of babies, state or municipal aid, fire alarms, tax exemption.

"Listen to Salesmen"

"Salesmen of the higher type today are service representatives of their companies," Sister M. Patricia, superintendent, St. Mary's Hospital, Duluth, told the 1931 Minnesota Hospital Association convention. "It is to be assumed that the man trained to sell textiles with a knowledge of his line knows more about textiles than does the average hospital superintendent or hospital purchasing agent. There should be somebody in every organization who is not too busy to listen to salesmen. One can learn more from lending a receptive ear to their talk than in any other manner. It is not meant by this that one must buy, but certainly talking with a well-informed man adds to the fund of knowledge that every superintendent should have. It helps keep our pulse on the hospitals throughout the country.

"The wide-awake salesman picks up ideas at one point and passes them on to the advantage of the buyer at the next point, and so on.

"Salesmen, furthermore, are an economic necessity. Not only from the standpoint of the seller, but from the standpoint of the buyer. No one yet has discovered a cheaper way of selling merchandise than through the salesman, and if this is true, salesmen are a means of saving money for the hospital."

Now Is Time to Build

When the board of trustees of a midwestern hospital recently opened bids on a nurses' home they found that 140 contractors had submitted estimates. This indicates how great is the competition in the construction field and suggests that hospitals needing enlarged facilities and in a position to finance a construction program may effect a remarkable saving at this time.

Donation, Not "Cut"

A southern hospital which last year was compelled to reduce salaries and wages and later was able to restore them recently announced that some form of reduction must be made shortly. The employees suggested that instead of a 10 per cent cut, as proposed, they be allowed to make a contribution of a week's pay to the hospital every three months. The hospital has agreed to this arrangement, which makes the offering of the personnel more of a voluntary gift than a forced reduction in pay. The donation will be accepted every three months until conditions again are readjusted.

Witnessing Wills

One hospital which has a rule that employes and personnel must not serve as witnesses for signatures of wills or sign any papers for patients on a recent occasion found that this rule was a most beneficial one from the standpoint of the institution. A woman patient drew up a will and asked that a hospital representative attest it. This request was refused and the hospital rule in such matters explained. Other people were obtained as witnesses. The patient died the following day and members of the family immediately attacked the will. Had the hospital representative signed the document the institution would have been drawn into this matter which would have brought unfavorable publicity to the institution, as well as have required the persons signing to spend considerable time at hearings and in court.

A New Million Dollar Hospital Plant



The Fitkin Memorial Hospital, the first public hospital in Asbury Park, N. J., and the largest in Monmouth County, recently was dedicated. The hospital includes the main building, 150 beds, a nurses' home, and another separate building used as a power house, laundry and garage. The cost was \$1,000,000. The hospital building is T shaped, the cross bar at the top of the T being 250

feet long and the leg 175 feet. It has no basement, the first floor being directly on the ground.

The buildings were made possible by the generous gifts of A. E. Fitkin, New York public utility operator, and the late L. C. DeCoppet, New York broker. Dr. James F. Ackerman, president of the hospital, enlisted the aid of these men and others and the hospital was finally brought into being. In acknowledgement of

Dr. Ackerman's work in this connection and in tribute to his standing in the medical profession, Walter Kidde, president of Walter Kidde Constructors, the builder, presented Dr. Ackerman with a bronze portrait medal. Part of the dedication exercises consisted of the passing of the keys of the hospital from Mr. Kidde to Richard Erskine, of Morris and Erskine, architects, of Philadelphia, and to Dr. Ackerman.

Mid-West Dietitians Meet in Chicago for Fifth Session

Program and Conference Under Direction of Illinois Dietetic Association Invites Visitors from Neighboring States; National Figures to Read Papers

THE fifth annual convention of mid-west dietitians will be held at the Belden-Stratford Hotel, Chicago, January 29 and 30, with the usual interesting and up-to-the-minute program arranged for those who want to keep abreast of the latest developments in this field. An invitation is extended not only to all dietitians in Illinois, but to those in Iowa, Missouri, Indiana, Michigan, Wisconsin and Ohio. The Illinois Dietetic Association is sponsoring the program this year, and it is expected that the splendid attendance of past years will be surpassed.

Millie E. Kalsem, Cook County Hospital, Chicago, is president of the Illinois Association. Sarah Elkin, Michael Reese Hospital, Chicago, is president of the Chicago Dietetic Association, which is actively cooperat-

ing with the state group in arranging for the conference. Anna E. Boller is chairman of the mid-west group.

As in past years, visits to institutions or establishments of special interest to the different types of workers represented at the conference will be made on the first morning. Walter G. Eddy, Ph. D., Columbia University, and Dr. A. W. Bitting, director of food administration, Century of Progress, are speakers the first afternoon, which session also will be featured by the report of the administrative section, headed by Frances B. Floore, St. Luke's Hospital, Chicago.

At the annual dinner, which will be under the joint auspices of the state and local associations, the guests will include Martha Koehne, Ph. D., president of the American Dietetic Association, and Dr. Bert W. Cald-

well, executive secretary, American Hospital Association, while the speaker will be A. J. Carlson, Ph. D., of the University of Chicago.

The second day will be given over to interesting papers on newer developments in various phases of diet-therapy, and to reports of the sections on diet therapy, social service and education.

The tentative program follows:

JANUARY 29

Morning trips, 10 a. m.: Infant Welfare Play School; Merchandise Mart and National Broadcasting Station; Market Trip, led by Faith McAuley, University of Chicago; hospitals—Cook County Hospital, Michael Reese Hospital, Presbyterian Hospital.

2 p. m.: Millie Kalsem, president, presiding.

"Food Administration at the Chicago World's Fair," A. W. Bitting, M. D., director of food administration, World's Fair, 1933.

"Nutrition with Special Relation to Canned Foods," Walter G. Eddy, Ph. D., professor of physiological chemistry, Columbia University.

Report, Administration section, Frances B. Floore, chairman.

Business meeting.

7 p. m.: Annual dinner, the Illinois State Dietetic Association and the Chicago Dietetic Association. Millie Kalsem, presiding.

Speaker, A. J. Carlson, Ph. D., chairman, department of physiology, University of Chicago.

Guests of honor: Solomon Strouse, M. D., associate professor, Rush Medical College; Martha Koehne, Ph. D., president, American Dietetic Association; Frances Swain, B. A., president, American Home Economics Association; Fannie M. Brooks, R. N., B. A., president, Illinois State Nurses' Association; Bert Caldwell, M. D., executive secretary, American Hospital Association; 1931 speakers of the Chicago Dietetic Association.

JANUARY 30

10:30 a. m.: Sarah Elkin, president, Chicago Dietetic Association, presiding.

"Importance of Amino Acids in Nutrition," Wm. C. Rose, Ph. D., head of department of physiological chemistry, University of Illinois.

Film on Radium; Diet in Relation to Cancer, Max Cutler, M. D., director of tumor clinic, Michael Reese Hospital.

Report, diet therapy section, Elsbeth Hennecke, chairman.

1:30 p. m.: Luncheon—Millie Kalsem, presiding.

"Building a World's Fair," Helen Bennett, member of social science group of Century of Progress.

3:00 p. m.: Evelyn Smith, second vice-president, presiding.

"A Major in Foods and Nutrition," Lydia J. Roberts, Ph. D., University of Chicago.

"Teaching Nutrition in Public Schools," Aubyn Chinn, B. A., director of health education, National Dairy Council.

Report, education section, Katherine M. Thoma, chairman.

Report, social service section, Alberta Childs, chairman.

5 p. m.: Tea, Belden Stratford Hotel.

MEET WITH M. D.'S

The Minnesota Hospital Association will meet jointly with the Minnesota Medical Society at St. Paul May 23-25, according to a statement from Dr. Fred G. Carter, superintendent, Ancker Hospital, St. Paul, president of the hospital group.

ACTING SUPERINTENDENT

John F. McCormack, who acted as superintendent of Presbyterian Hospital, New York, during the illness of the late Mr. Maynard, is continuing in this capacity. John F. Bush, executive vice-president, is in general charge of the activities of Presbyterian and affiliated institutions.

APPOINTED DIETITIAN

Mrs. Blanche Phillips Reast has been appointed dietitian at Broad Street Hospital, New York, of which Richard Mackenzie is superintendent. She formerly was dietitian at Naval Hospital, Brooklyn, and at the Genesee Hospital, Rochester, N. Y.

Health Service Program of U. of C. Clinic Workers

THE trustees of the University of Chicago approved a comprehensive health service program for the staff and employes of the clinics group, to become effective December 1, 1931, or as soon thereafter as 900 members agreed to participate. Early in January more than 1,000 had signed. No provision has been made for the inclusion of members of the families of participants in the plan.

The program will be administered by the University Health Service. The plan includes:

(1) Public Health Features, including preliminary examinations and control of communicable diseases. The expense of these features is to be borne entirely by the constituent organizations.

(2) Medical and Hospital Service to Individuals (specified below). The contributions of \$1 per month required of participants will be paid into a fund which will be used only for the meeting of the costs of medical and hospital service to the individual participants in the plan. This part of the plan is therefore in effect a health insurance plan, with all of the benefits from contributions reverting to those participants who are in need of medical and hospital service.

Participation in the plan is to be obligatory for all staff members and employes in the clinics group under the following conditions:

(a) Obligatory for all new appointees and reappointments.

(b) Participation in the public health aspects of the plan (examination, immunizations, etc.) obligatory for all present employes.

(c) Full participation in the plan, including monthly payments, to be required of all present staff and employes, unless specifically exempted.

The cost of the plan to each individual participant is fixed at \$1 per month, deductible monthly from salary payments.

In addition to the benefits of physical examinations and immunizations and other measures for the control of communicable disease, the following specific benefits are provided for the

first year of operation under the plan. Specific benefits will be subject to readjustment from year to year, according to the experience gained in the administration of the plan:

1. All services performed in the outpatient department of the Health Service.

2. House calls in the district bounded by Fifty-third Street, Cottage Grove Avenue, Sixty-third Street, and Lake Michigan. (After the first call the Health Service staff will have the option of caring for the case at the residence or sending the patient to the hospital.)

3. X-rays and consultations with other clinics as directed by the Health Service staff.

4. Refractions (not including glasses).

5. Elective correction of remediable defects after the beneficiary has been a participant in the plan for not less than one year.

6. All necessary hospital expenses up to two months of hospital care, for conditions commonly cared for in the University of Chicago Clinics. This covers accommodations at minimum rates. More expensive accommodations may be occupied, the difference in cost to be met by the individual.

The plan does not include:

1. Hospitalization for tuberculosis, mental and chronic diseases not ordinarily admitted to the University of Chicago Clinics except that such cases may be received for purposes of diagnosis.

2. Prenatal and obstetrical care.

3. Elective operations for remediable defects discovered at the time of employment, it being understood that persons having such defects which might interfere with the proper performance of their duties would, as a condition of their employment, be required to have these defects remedied within three months at their own expense or on their own responsibility.

4. Glasses, appliances and medicines except in so far as any of these are included as part of ordinary hospital care.

5. Dental service, except consultation for diagnosis on request of the Health Service.

UNUSUAL RECORD

Dr. John G. Meachem, Jr., recently commemorated services of more than 140 years given to the community by three generations by presenting a chapel and library to St. Luke's Hospital, Racine, Wis., in memory of his father, Dr. John John G. Meachem and of his son, Dr. John G. Meachem III. The donor, 85 years old, has more than sixty-seven years of active practice behind him, and is secretary of the hospital as well as president of the Alice Horlick Memorial Hospital.

TWO SETS OF TWINS

St. Elizabeth's Hospital, Chicago, attracted attention of newspapers recently when two sets of twin boys were born in a little more than an hour. One mother was a former student of the hospital nursing school.



Monthly Round Table Helps Hospitals Hold, Raise Standards

Six Institutions, With Comparable Activities, Present Statistics in Manner to Show Real Differences or Similarities of Work; Superintendents Profit

By FRED J. LOASE

Superintendent, Greenwich Hospital, Greenwich, Conn.

"WHAT'S your per capita cost?" or "How do you handle such and such a problem?" are questions frequently asked by hospital superintendents who immediately realize that the answers received are worthless as a basis of comparison with another hospital unless a great deal of additional information concerning both hospitals is known. But such comparisons are constantly sought by men and women who are anxious to improve their own work and to take advantage of any new or better ideas which may be available. Getting accurate data for such comparisons in most instances, however, is a hopeless task, in spite of the fact that nearly every round table produces a number of superintendents who try to compare their own hospital with others.

At the suggestion of a well known consultant, the writer some time ago attempted to organize a small group of superintendents to meet monthly in different hospitals and to study their own figures and those of the other hospitals in the group. At the first meeting a total of six superintendents were present and all became enthusiastic over the idea, with the result that since that time regular monthly meetings have been carried on by this unique "hospital association."

At the first meeting a complete and detailed report of the work of one hospital was offered. Many questions immediately arose as various figures were reported, and in the discussion a number of uniform methods of doing the same thing or determining the cost of a certain

item in the report were arrived at.

It was agreed that at the second meeting all six hospitals were to present detailed monthly reports, not only that, but to have them in the hands of the man who was to be host well in advance so that a comparative study would be possible. Copies then were sent to the other hospitals, so that each superintendent could study the figures and formulate questions or comments.

It quickly was learned that numerous questions would be asked, so one superintendent now is routinely appointed to receive these questions and to prepare copies of them for discussion at the meetings.

The only formality about the meetings is that one member is named chairman to facilitate discussion.

This round table has been in ex-

Here Is Summary of Type of Accommodation, Number of Personnel and Financial Data of Six Hospitals in Unique Round Table

Hospital	A	B	C	D	*E	F
Private	37	52	41	19	18	23
Semi-private	90	20	61	38	45	7
Ward beds.....	76	134	62	86	49	71
Bassinets	36	36	36	23	24	24
Total beds.....	239	242	200	166	136	125
Daily census.....	151	142	98	95	73	79
Patient days.....	55,115	51,895	36,077	34,821	26,787	29,132
Highest census.....	197	196	116	128	104	105
Lowest census.....	115	96	64	56	43	56
Patient day cost.....	\$5.09	\$5.53	\$7.07	\$6.37	\$6.91	\$7.06
Meals	378,651	416,235	278,457	250,947	.....	200,584
Cost per meal (raw).....	\$0.13	\$0.13	\$0.15	\$0.17	.....	\$0.23
Per cent occupancy.....	63%	58%	49%	57%	54%	63%
Special nurses' days.....	7,700	6,185	6,345	4,740	.....	5,439
Employees	113	109	92	75	69	70
Graduate nurses.....	35	22	29	24	27	11
Students	61	90	46	28	28	45
Total	209	221	167	127	124	126
*Year ended June 30, 1931.						

Income and Expense Summary of Six Hospitals

Income:	A	B	C	D	E	F
Private rooms.....	\$ 34,401.50	\$ 82,650.65	\$ 52,303.17	\$ 35,192.43	\$ 18,201.38	\$ 48,239.52
Semi-private	75,090.01	17,495.80	54,019.40	38,888.94	41,669.26	5,727.90
Wards	47,878.64	68,412.05	69,660.47	61,862.50	24,928.42	46,515.47
Extra charges.....	57,079.78	59,288.74	44,776.38	46,029.51	36,383.29	51,783.31
Emergency room.....	.....	1,718.00	2,755.45	2,781.00	1,133.89	1,775.78
Total	\$214,449.93	\$229,565.24	\$223,514.87	\$184,754.38	\$122,316.24	\$154,041.98
Expenses:						
Administration	\$ 31,021.62	\$ 35,242.88	\$ 24,707.46	\$ 18,643.60	\$ 19,813.80	\$ 21,308.74
Care of patients.....	72,188.15	58,318.87	67,323.48	53,063.25	51,275.28	39,842.35
Drug department.....	6,971.53	5,648.65	6,078.75	3,125.83	4,203.82	5,184.13
Pathological laboratory.....	9,855.70	5,687.43	9,063.82	5,206.53	5,988.48	8,980.80
X-ray	9,161.98	14,953.98	1,958.68	13,494.05	6,064.17	8,825.93
Physical therapy.....	3,594.00	.....	.....	1,398.97	.....	.....
Housekeeping	29,901.26	18,577.90	17,187.21	15,855.68	16,561.42	15,849.37
Laundry	7,643.94	9,306.64	8,795.87	9,883.52	10,208.62	7,338.77
Ambulance	2,078.01	2,801.74	4,123.98	2,155.62	622.40	595.00
Dietary	65,289.82	83,355.55	68,988.72	59,715.39	42,098.40	61,580.83
General house and property.....	12,187.47	14,316.78	13,412.80	16,633.04	8,459.05	12,270.60
Heat, light and power.....	25,934.38	30,978.78	25,941.85	18,813.48	15,673.73	19,986.73
Miscellaneous	4,671.09	5,798.06	4,765.08	2,872.47	2,317.03	2,046.40
Dispensary .....	.....	2,375.84	2,779.04	.....	1,872.57	1,708.00
Total	\$280,498.95	\$287,363.10	\$255,126.74	\$220,861.43	\$185,158.77	\$205,517.65
Deficit	\$ 66,049.02	\$ 57,797.86	\$ 31,611.87	\$ 36,107.05	\$ 62,842.53	\$ 51,475.67
Donations, etc.....	94,348.98	81,031.58	44,210.23	51,938.73	55,831.08	50,353.42

Details of Income

	A	B	C	D	E	F
Private rooms.....	\$ 34,401.50	\$ 82,650.65	\$ 52,303.17	\$ 35,192.43	\$ 18,201.38	\$ 48,239.52
Semi-private	75,090.01	17,495.80	54,019.40	38,888.94	41,669.26	5,727.90
Wards	47,878.64	68,412.05	69,660.47	61,862.50	24,928.42	46,515.47
Operating rooms.....	12,640.50	7,661.50	9,322.00	8,831.00	7,700.00	6,682.50
Special nurses.....	7,756.00	10,697.46	12,690.98	9,480.56	4,409.25	11,018.00
Delivery room.....	3,055.00	2,514.75	3,079.00	3,804.50	1,785.00	1,550.00
X-ray	15,925.30	23,625.90	3,342.50	17,638.00	9,321.50	11,172.50
Pathology	5,737.76	10,387.25	3,520.00	2,172.35	6,058.50	9,869.75
Physical therapy.....	3,594.00	.....	141.00	1,024.50	26.50	.....
Emergency room.....	.....	1,718.00	2,755.45	2,781.00	1,133.89	1,775.78
Board of health.....	.....	.....	.....	.....	.....	1,120.00
Ambulance	2,921.00	2,207.50	1,082.00	2,188.50	592.00	390.00
Cardiograph	180.00	.....	209.00	415.00	35.00	.....
Basal metabolism.....	.....	.....	629.00	475.00	.....	.....
Anaesthesia .....	.....	.....	6,820.50	.....	4,248.66	5,150.00
Special drugs.....	1,574.44	539.11	2,109.25	.....	734.26	1,432.86
Special diets.....	.....	.....	365.00	.....	.....	125.60
Miscellaneous	3,694.93	1,655.27	1,466.15	.....	1,472.62	272.10
Total	\$214,449.08	\$229,565.24	\$223,514.87	\$184,754.38	\$122,316.24	\$154,041.98
Less uncollectible accounts.....	9,000.00	16,863.29	11,541.50	.....	14,918.00	1,062.70
Operating income.....	\$205,449.08	\$212,701.95	\$211,973.37	\$184,754.38	\$107,398.24	\$152,979.28
Other income.....	\$ 94,348.98	\$ 74,832.90	\$ 44,210.23	\$ 51,938.73	\$ 55,831.08	\$ 50,353.42

At top is summary of income and expense items of the six hospitals, and, below, details of the income figures. On the next page will be found details of the expenses of the institutions.

istence for more than a year and has proved immensely valuable to all the members. Its informal nature stimulates numerous questions and detailed explanations, especially since there are no minutes or written records and no attempt is made to establish policies. Each session, of course, is not restricted to the questions that have been submitted, but other matters may be brought up.

One of the matters which was given major attention at a recent meeting was food service problems. Dietitians were brought to this session, with detailed figures of costs, number of meals, menus, etc., and

the session was wholly enjoyable and highly profitable. This particular sessions made it clear why one hospital had a higher food cost than another, for the material that supplemented the figures and reports showed that one hospital had a much more varied menu.

This plan of comparative reports has helped very materially in finding out the weak spots in our own organization. We discovered that where we were satisfied that each patient should have at least one quart of milk per day in addition to regular diet, other institutions found that a pint was sufficient and, upon find-

ing that we were high, we immediately corrected this condition and found that we saved several hundred dollars each month.

At one of our meetings compensation cases were discussed. We have always charged \$3.57 per day, and after some discussion found that we were entitled to \$5.60. The latter amount was accepted by the insurance companies, thus producing over \$2,000 additional revenue.

This plan of superintendents' meetings can also be enlarged to include separate meetings for engineers, dietitians, superintendents of nurses, housekeepers, historians, etc.

Details of Expenses

Administration:	A	B	C	D	E	F
Salaries	\$26,645.04	\$28,447.05	\$18,716.63	\$13,470.34	\$15,745.19	\$15,514.92
Telephone, telegraph.....	1,384.14	1,588.81	2,233.15	1,118.46	1,049.08	1,638.93
Stationery, printing.....	1,899.18	2,243.25	1,034.32	1,469.39	1,364.23	1,740.40
Postage	338.41	.....	37.55	268.85	.....	283.52
Dues, subscriptions.....	255.25	.....	.....	30.50	98.13	318.00
Com. for collection of accounts.....	.....	3.00	88.70	676.83	138.35	636.63
Legal, accounting.....	20.00	977.88	1,600.00	.....	.....	492.18
Miscellaneous	479.60	1,982.89	997.11	1,609.23	1,418.82	684.16
Care of patients:						
Nursing supervision.....	\$26,907.34	\$25,082.29	\$26,621.82	\$11,146.39	\$10,582.40	\$7,802.80
General duty.....	11,495.59	.....	.....	17,350.12	12,898.82	6,847.65
Students	6,441.15	9,351.63	5,329.21	3,953.60	3,355.87	7,098.15
Attend., orderlies.....	9,280.05	2,640.00	7,114.21	2,365.00	2,035.44	2,824.30
Interns	3,240.00	5,039.14	5,265.00	2,602.06	3,660.00	3,638.70
Anaesthetist	3,000.00	.....	3,370.00	.....	1,335.50	1,903.00
School .....	.....	190.80	4,410.35	4,508.82	6,409.15	1,560.00
School supplies.....	1,931.66	2,564.74	7,604.79	873.93	2,022.80	786.56
Surgical supplies.....	8,661.71	11,898.13	7,608.10	9,374.55	6,960.19	6,419.59
Anesthetics	1,012.40	1,552.14	.....	888.78	2,010.76	934.60
Miscellaneous	218.25	.....	.....	.....	4.35	.....
Drug department:						
Salaries	\$ 2,088.04	\$ 360.00	\$ 653.33	\$ 521.95	\$ 407.00	\$ 750.00
Supplies	4,883.49	5,288.65	5,425.42	2,603.88	3,796.82	4,434.13
Laboratory:						
Salaries	\$ 8,868.67	\$ 5,004.43	\$ 7,983.44	\$ 4,874.13	\$ 5,422.11	\$ 7,289.28
Supplies	987.03	683.00	1,080.38	332.40	566.37	1,691.52
X-ray:						
Salaries	\$ 6,082.50	\$11,893.02	.....	\$10,687.28	\$ 3,871.36	\$ 6,499.92
Supplies	3,079.48	3,060.96	\$ 1,958.68	2,806.77	2,192.81	2,326.01
Physical therapy:						
Salaries	\$ 3,594.00	.....	.....	\$ 1,296.50	.....	.....
Supplies .....	.....	.....	.....	102.47	.....	.....
Housekeeping:						
Salaries	\$19,515.78	\$14,746.86	\$13,422.12	\$11,977.02	\$11,669.26	\$12,163.55
Clothing, bedding.....	2,247.62	1,382.47	1,661.89	115.50	1,874.55	1,335.26
Supplies	3,901.97	2,448.57	2,103.20	2,868.32	3,017.61	2,350.56
Nurses' home.....	4,235.89	.....	.....	894.84	.....	.....
Laundry:						
Salaries	\$ 6,694.81	\$ 6,798.72	\$ 7,281.76	\$ 8,054.98	\$ 9,099.26	\$ 6,077.95
Supplies	949.13	2,507.92	1,514.11	1,828.54	1,109.36	1,260.82
Ambulance:						
Salaries	\$ 1,902.00	\$ 1,991.57	\$ 1,623.75	\$ 1,448.00	.....	.....
Supplies	176.01	810.17	2,500.23	707.62	\$ 622.40	\$ 595.00
Dietary:						
Salaries	\$13,402.61	\$20,868.50	\$19,594.67	\$14,082.34	\$13,851.25	\$11,645.77
Groceries	10,708.43	6,323.62	4,716.16	7,896.98	6,190.16	8,331.55
Milk and cream.....	10,322.61	10,323.40	8,616.28	6,576.73	5,824.87	9,931.09
Meat and fish.....	16,157.45	16,593.73	11,818.25	13,455.22	6,212.94	12,928.52
Fruit and vegetables.....	4,932.04	14,576.84	11,095.82	7,587.25	3,875.02	7,775.62
Butter and eggs.....	5,482.36	7,574.42	6,088.50	5,250.07	2,871.04	6,122.45
Bread and rolls.....	2,508.73	2,850.26	2,189.37	1,894.89	1,063.90	2,073.69
Gas	1,303.25	1,330.93	1,293.64	703.58	1,200.33	1,451.24
Supplies	472.34	2,913.85	3,576.03	2,268.33	1,008.89	1,320.90
General house, property:						
Salaries	\$ 7,074.14	\$ 7,077.64	\$ 5,287.80	\$ 8,626.13	\$ 3,466.69	\$ 6,436.10
Supplies	4,743.17	5,874.74	3,011.44	6,332.90	2,463.72	2,881.79
Repairs, replacements.....	370.16	1,364.40	5,113.56	1,674.01	2,528.64	2,952.71
Heat, light, power:						
Salaries	\$ 7,022.15	\$ 7,640.08	\$ 5,035.74	\$ 3,302.04	\$ 4,089.46	\$ 6,121.70
Fuel, oil.....	13,885.43	12,318.20	12,195.70	10,419.78	6,617.15	9,782.16
Water	1,370.54	3,961.88	3,741.01	799.92	1,266.25	1,432.58
Light, power.....	3,656.26	7,058.62	4,969.40	4,291.74	3,700.87	2,650.29
Miscellaneous:						
Insurance	\$ 3,651.33	\$ 5,798.06	\$ 4,765.08	\$ 2,583.33	\$ 2,317.03	\$ 1,417.83
Cartage, expense.....	1,019.76	.....	.....	289.14	.....	628.57
Dispensary:						
Salaries .....	.....	\$ 2,331.09	\$ 2,400.22	.....	\$ 1,872.57	\$ 1,650.00
Supplies .....	.....	44.75	378.82	.....	.....	58.00
Grand total.....	\$280,498.95	\$287,363.10	\$255,126.74	\$220,861.43	\$185,158.77	\$205,517.65

Totals for the various departmental expenses shown above will be found at top of preceding page.

Obstetrical Department Procedures, Columbia Hospital, Milwaukee

Here Is Technique of 128-Bed Institution,
Based on Experience and on Observa-
tion of Procedures in Other Hospitals

By EARL R. CHANDLER

Superintendent, Columbia Hospital, Milwaukee, Wis.

COLUMBIA Hospital is a general hospital of 100 adult beds and 28 bassinets. One floor of 22 rooms, a lying-in room, a nursery and an isolation nursery is used exclusively for obstetrical work. Approximately 360 babies are born in the hospital each year.

With the enlargement of the hospital during the coming year, the obstetrical department will be increased.

The procedures as outlined have been in use in Columbia Hospital for a number of years, with some additions and changes as conditions warranted. We feel that by having both necklace and footprint there is assurance of correct identification. The technique, standing orders, etc., have been developed by studying these procedures in hospitals all over the country and by study of members of the obstetrical department of the hospital staff.

Any questions or suggestions will be gratefully received and carefully considered.

Identification

BEAD NECKLACE

Make on admission of patient and leave on supervisor's desk until taken to delivery room.

Spell name correctly, using father's family name. String 21 blue beads on either side of name, with one lead bead on end of string. Tie knot in both ends of cord.

In case there are two patients with same family name on floor, or should patient have twins, use letters A and B respectively before name to designate infants.

Seal necklace loosely about infant's neck in delivery room, first checking with mother's chart, then repeating name to the attending man to avoid possibility of error.

Necklace is never removed until infant is dressed, ready for dismissal. It is only removed if the patient does not care to take it with her.

Necklace charge is made. If the patient does not care to take it with her, she is given the refund.

FOOTPRINTS

Taken in the delivery room.

Nursery nurse is responsible for footprints. One set is taken to the parents and one set is put in the infant's chart.

Footprints are not taken in delivery room when contraindicated by prematurity, subnormal temperature, cyanosis, or other evidence of poor condition. Footprints are then taken as soon as condition permits.

Following Caesarean section, the infant's footprints are taken in the nursery as soon as infant's condition permits.

TECHNIQUE

If taken in nursery:

Turn out gas burner.

Place newspaper on work table with glass plate, roller, printer's ink, gasoline, infant's history sheet and blue footprint pad.

Squeeze small amount of ink on glass and spread with roller until it covers surface large enough for infant's foot.

Take infant in arm opposite to foot which print is being taken, roll gown above knees, place thumbs on heel, fingers across toes, being careful to preserve arch of foot, and press entire sole of foot in ink. Make sample prints of foot on newspaper until you have faint black prints showing all of toes and foot. Take print on history sheet for chart—blue pad for parents. In taking other footprint, transfer infant to other arm and follow same procedure.

Clean feet with cotton and gasoline. Wash with luke warm water and dry. Wrap infant in warm blankets, fill in footprint pad and take prints in to parents when infant is taken into room for the first time. This means of identification is employed chiefly for psychological reasons, therefore it is important to give footprints to parents immediately.

Clean glass with cotton and gasoline; roller by running over newspaper saturated with gasoline. Wrap

all cotton in newspaper and throw down incinerator.

CRIB NAME CARDS

Place on crib as soon as infant is placed in same:

Infant's name.

Sex.

Date of birth.

Mother's room number.

Birth weight.

Name of doctor.

INFANT'S BATH

Wash hands with soap and water.

Balance and place sheets of tissue paper on scales.

Regulate temperature of water—100 degree F. or luke warm—to the inside of wrist. Have bath tray, clothing and solutions in readiness. Fill bowl containing bottles of Boric Solution, soap and oil with hot water. Cover bath pad with bath towel and diaper. Have two folded diapers in readiness. Unfold clean blanket on work table with band, shirt, diaper and gown. This set is made beforehand.

Wrap infant in blanket, remove all soiled linen from crib and place infant and soiled linen on table in center of nursery. Remake crib, carry infant to work table and place soiled crib linen in hamper. Unfasten diaper. Note voiding and stool. Take rectal temperature, inserting bulb of thermometer in rectum and allowing it to remain 3 minutes. Hold the thermometer with one hand; infant's legs with the other. Under no circumstances is the infant to be left alone while temperature is being taken. Expose as little as possible.

Undress—except for band, carry to bath pad, placing thumb and fore finger of right hand about baby's neck, middle finger in axilla, thumb and middle finger of left hand about ankles with fore finger between feet.

Inspect carefully for complications and abnormalities. Cover baby with clean diaper, exposing only part to be bathed. Wash head with soap and water, using your hand or sterile cot-

ton. Cleanse carefully behind ears. Rinse thoroughly and rub dry with second diaper. Irrigate eyes, using eye flusher or sterile cotton saturated with boric solution, turning head so that solution flows away from nose. This prevents possible spreading of infection from one eye to the other. In opening eyes, place thumb below eye, forefinger above, and press gently, avoiding all pressure on eyeball. Nose and ears are cleansed with fresh spirals of cotton, saturated in warm water, or oil if there is any secretion. The mouth is never touched unless otherwise ordered. Wash face with clear water and pat dry.

Bathe upper part of body with soap and water (unless oil bath is being given), using cotton or palm of hand. Cleanse carefully in axilla, creases of neck and elbows, and between fingers. Rinse well and pat dry. Bathe lower portion of body, being careful to cleanse well in groins, under knees and between toes. Rinse with water and pat dry.

Genitals—Females—Cleanse carefully between labia with cotton and warm oil or water. Remove all smegma.

Males—Retract foreskin if possible and cleanse glands with warm oil or boric solution. Genitals must be kept clean and handled gently to avoid danger of infection.

Turn infant on abdomen, supporting head and chest with hand. Wash back with soap and water, using a long upward stroke. Rinse and pat dry. Bathe carefully in fold between buttocks and in creases of neck. Turn on back and wash abdomen with soap and water, keeping cord covered with sterile gauze. Rinse and pat dry. Remove cord dressing and cleanse with sterile applicator and 70 per cent alcohol followed by 3 per cent mercurochrome. Cover with sterilized gauze. The cord is kept surgically clean at all times. Place infant on scale, making sure he cannot fall out, and weigh accurately. Place on clean blanket. Wrap band snugly about abdomen, high above hips. Turn infant on face and sew snugly in back, keeping fingers between band and baby's body to avoid possibility of pricking him. Bands are kept on until cord has dropped, stump is perfectly healed, and there is no suggestion of umbilical hernia. Turn on back again. Put on shirt and diaper. Fold diaper square with corners in front folded in, and pin to shirt, pinning shirt over diaper with two large safety pins. Put on gown and turn on abdomen. Pin shirt with small safety pin and tie gown. Turn infant on back.

In giving a series of baths—now—remove soiled tissue paper from scales

and soiled linen from bath pad. Wash hands. Replace tissue paper, remake bath pad, and place clean blanket with fresh linen on work table. Wrap infant snugly in blanket, turning lower corner of blanket up over feet, allowing plenty of room for kicking, and folding other two corners over first fold of blanket. Comb hair, weigh, and return to crib, being careful not to contaminate your hands. Use the same procedure for the following baths.

Oil baths are given to all infants for five days; to all prematures until weight is above six pounds, and to all babies with skin irritation excoriations or desquamation. In giving oil baths, face and head are washed as described above. Same procedure is followed except for substitution of oil for soap and water for body.

For admission baths, have clothing and blanket warm. Remove all vernix caseosa, and inspect carefully for injuries, abnormalities and defects. Give bath as quickly and deftly as possible, with the minimum amount of exposure. Conservation of the body heat is important.

NOTE AND REPORT IMMEDIATELY

Gross deformity or abnormality.
Club foot.
Hare lip.
Cleft palate.
Umbilical or Inguinal hernia.
Caput succdaneum or Cephal Hematoma.
Absence or deformity of any part of body.
Tongue tie.
Phimosis.
Supernumary fingers or toes.
Syndactylism of fingers or toes.
Injuries:
Forceps marks or abrasions.
Possible fractures.
Paralyses of any part of body.
Complications:
Skin infection, irritations or excoriation.
Discharges from eyes, vagina, mouth, nose, cord, etc.
Icterus.
Engorged breasts.
Vomiting or regurgitation—giving time it occurs.
Failure to nurse.
Cyanotic attacks or dyspnea.
Failure to void or pass meconium.
Tremors or convulsions.
Failure to gain after 4th day.
Failure of cord to drop after 10th day.
Bleeding from cord, mouth, circumcision or other sources.
Subnormal or elevated temperature.
Any unusual symptoms noted.

STANDING ORDERS

No one is allowed in the nursery without a white coat or gown.

Never leave an infant with a bottle in his mouth. If obliged to leave the nursery during feeding, cover nipple with sterile gauze and place bottle in warm water until ready to continue feeding. All infants, except prematures, are held during feeding.

Infants are *never* left on scales,

work table or elsewhere. Always return immediately to crib.

Never take an infant to the wrong mother. Check necklace with crib name card and mother's room number. Pronounce the mother's name before giving her the baby to nurse.

All infants are given a complete physical examination by the intern within 24 hours after, and again on day of dismissal from the hospital. Notes are made on the chart.

Report infections immediately.

Place all infants on right side for 24 hours, and elevate feet of crib, unless otherwise ordered.

No visitors, except mother in white coat.

Infants are not to be shown to visitors, except once to the father, grandparents and close out-of-town relatives who are unable to come at regular nursing hours.

Warm sterile water is given to four-hour schedule babies, midway between feedings. Keep water in tea kettle sterile by boiling 20 minutes, and inserting sterile cotton in spout of tea kettle.

Rectal temperatures are taken at 8 A. M. and 4 P. M. Take every two, three or four hours, as indicated.

Bleeding time and coagulation time taken on all babies before circumcision.

Sterile vaseline dressings are applied to all circumcisions for three to four days unless otherwise ordered.

The temperature of the sleeping nursery is 68-72 degrees F.

Close windows while feeding or changing babies, to avoid exposure to drafts.

Wrap baby in warm blanket for first few hours. Thereafter place in crib, with gown covering feet, and cover with blanket and spread, unless temperature is subnormal or infant premature. Vary the number of blankets to meet the individual child. The feet should always be warm, and the folds of the neck free from perspiration.

Report any cold or infection which you may contract while in the nursery. Infants are never knowingly exposed to any infection. *Visitors must not fondle or touch infants.* Warn of danger of spreading infection as tactfully as possible, because enforcement of this rule is highly essential.

PREMATURE INFANT

Essentials in the care of a premature infant:

1. Maintaining a normal body temperature.
 2. Promoting and maintaining normal respirations.
 3. Supplying adequate and suitable nourishment.
 4. Conserving his strength.
 5. Preventing infection.
- Keep in incubator if possible, otherwise



View of nursery, showing type of equipment with which procedures outlined in this article are carried out.

in well protected crib lined with hot water bottles.

Change, bathe, and feed in incubator. Avoid unnecessary handling. Keep dry and clean at all times. Give oil baths as ordered. Dress in band, shirt, and diaper and gauze and cotton bunting. Sew bunting down both sides and across top—admitting only baby's head. Wrap warmly in blankets.

Take body temperature every 2-4 hours as ordered. It should range between 98.6 and 100 F.

Feedings are ordered by attending man. They must be given on scheduled hour. Give with medicine dropper, dropping a few drops on back of tongue and allowing infant to swallow; Boston feeder or nipple, as required by individual infant. Feed slowly and keep feeding at required temperature. All changing and handling is to be done before feeding is started, to avoid regurgitation.

Providing there are no congenital defects and no unavoidable complications, the nursery nurse is entirely responsible for the development of a premature infant.

NURSERY TECHNIQUE

Individualize each baby. Articles used for one infant are never used for another without sterilization.

Wash hands carefully before handling or touching each infant. No contamination will be tolerated. Remember, infections spread readily in nurseries where there are slips in technique, and the responsibility for any epidemic rests entirely on the nursery nurses.

Care of the rubber nipples. Individual nipples are used; these are sent home with the infant.

Rinse nipple in cold water after using, and boil for three minutes. Place (dry) in sterile nipple jar.

Scrub sauce pan with Bon Ami, soap and water before using again.

Jars are boiled with nipples every night after 2 A. M. feeding.

Rectal thermometers. On dismissal of infant, wash the thermometer, container and vaseline jar with soap and water. Carbolize or lysolize thermometer and container. Rinse carefully and fill container with 70 per cent alcohol before using. Refill vaseline jar and have autoclaved.

Cribs. On dismissal of each baby, strip completely. Wash thoroughly with soap and water, and remake.

Individual breast tray:

Enamel tray	1
Jar—Breast squares	1
Jar—Applicators	1
Jar—Waste	1
Bottle boric solution	1
Lifter bottle with tissue forceps. 1	
Small jar for drugs for sore nipples as required.	

Boil containers for 20 minutes and complete with sterile supplies. Avoid contamination by always keeping containers covered when not in use; never introduce non-sterile objects into container, and never place covers or corks on non-sterile field with inside down.

Replenish trays daily after 10:00 A. M., feeding and p.r.n.

Always sterilize if contaminated.

On dismissal of patient, wash tray and containers with soap and water, dry and place in cupboard.

BREAST FEEDING

Take baby to breast 6-12 hours after birth. Caesarean section babies not to go to breast for 48-72 hours, as ordered. Infant to go to breast

every 8 hours for 3 minutes on one side until milk secretion is established. Thereafter every 4 hours unless otherwise specified. All infants weighing less than 5½ pounds are on 3-hour schedule. Three-hour schedule means 4 hours at night unless otherwise specified.

Infants nurse for 10 minutes only on one breast. If regurgitation occurs following feedings, lengthy nursing may have to be modified to meet the needs of individual baby. Weigh before and after feedings, and chart amount obtained.

Infants are not taken to breast until ½ hour before regular nursing hour. They must all be back from breast, complemented with ordered formula, and in their cribs, within 1 hour.

Unless otherwise ordered, all 2:00 A. M. feedings (breast) are omitted, and infants are given formula. When infant has regained birth weight, is gaining consistently, and shows a tendency to sleep through 2:00 A. M. feeding, it may be omitted with permission.

Have infant warmly wrapped, dry, with warm feet and hands, and head protected from draughts before taking to mother's room. Close windows in mother's room during nursing if there is a draught. Place infant on foot of bed. Turn mother well over on side from which infant is to nurse. Be sure she is comfortable and far enough toward the center of bed so that infant could not fall off to the floor. Support back with pillows if necessary. Unfasten breast binder and prepare nipples. (See notes on care of breasts.) Before attempting to make infant nurse have his mouth exactly on level with mother's nipple, and be sure he is comfortable. Be careful not to touch nipple with fingers or other non-sterile articles. Do not leave baby with mother until he is nursing well. Leave all newborn infants and those difficult to start until last. The expression of a few drops of milk frequently aid in starting infant to nurse.

ROUTINE BREAST TECHNIQUE

Cleanse nipples with applicators, green soap and water, followed with boric solution, before first nursing. Thereafter use boric solution before and after each nursing, applying with sterile toothpick applicator. Use fresh applicator for each nipple. Keep nipples covered with sterile gauze so that no non-sterile article can come in contact with them. Change gauze p.r.n. Hold squares in place with breast binder.

Application of binder. Slip binder under patient. Fold in edges until it fits snugly. Elevate breasts and

fasten front of binder, pinning bottom tightly and top loosely. Three large safety pins are required; insert crosswise. Pin shoulder strap with one large safety pin (crosswise), bringing back strap over front. Fit binder snugly under each breast, using one pin, lengthwise, with one crosswise above it, for each side. This gives support without compression of breasts.

In elevating for engorgement, obstetrical pads or towels are placed beneath breasts and well in axilla, thus elevating well toward midline of chest. Binder is pinned as snugly as possible.

TREATMENT FOR ENGORGED BREASTS.

1. Elevate breasts.
2. Ice caps.
3. Restrict fluids.
4. Tight binder.
5. Pump with electric pump.
6. Steam—with order.

REPORT IMMEDIATELY:

Tender or cracked nipples.

Engorgement of breasts.

Threatened mastitis—suggested by localized hardened areas, with inflammation, swelling and pain on palpation.

THE ELECTRIC BREAST PUMP.

Use only with permission.

Uses:

1. Engorged breasts...3-7 inch pressure
2. Cracked nipples...2-5 inch pressure
3. Inverted nipples...5-8 inch pressure
4. Stimulation...5-8 inch pressure
5. Keep up supply...5-7 inch pressure

Precautions and Directions:

Place pump securely on cart or stand before using. Have patient alone in room first time pump is used. Explain carefully mechanism of pump, desired results, and give assurance that process is painless. Do not leave patient alone with pump, until it is working satisfactorily. Be sure signal light is within reach. Answer light promptly.

Regulate pressure, by compression of rubber hose, before applying shield. Always use 2-2 inch pressure until patient becomes accustomed to suction. Gradually increase to desired pressure. Vary pressure to meet individual needs of patient.

Bottle, shield and glass connecting tube are sterile. Tube is connected with rubber hose.

If possible, patient assumes upright position. Otherwise turn well over on side which is not being pumped. Apply shield with nipple pointing exactly into center of funnel, breast pointing downward, so that bottle is sealed with weight of breast. Hold bottle upright.

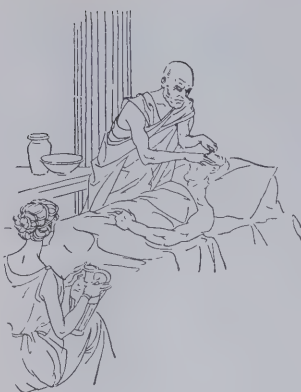
Ten to twelve minutes of pumping is sufficient to empty each breast. Always keep pump oiled and clean.

ARTIFICIAL FEEDINGS

Follow directions carefully. Unless otherwise stated, a sufficient amount of formulae is made for a period of 24 hours. Have utensils used sterile.

Utensils used:

1. Tray covered with sterile towel.
2. Sauce pans.
3. Graduated pint and quart size measuring cup.



4. Spoons.
5. Knife.
6. Funnel.
7. Glass stirring rod.

Cow's Milk Formula with Dextri Maltose No. 1:

1—Whole milk, 4 oz.; boiled water, No. 1—Whole milk, 4 ounces; boiled water, 8 ounces; Dextri Maltose No. 1, 2 drams.

No. 2—Whole milk, 4 ounces; boiled water, 6 ounces; Dextri Maltose No. 1, 3 ounces.

No. 3—Whole milk, 8 ounces; boiled water, 8 ounces; Dextri Maltose No. 1, 6 ounces.

Boil the water and pour a small amount of the boiled water into a separate container in which to dissolve the Dextri Maltose. Add milk to boiling water and boil together on an open flame three minutes. When slightly cool add Dextri Maltose solution. When cool place in sterile bottles, cover and place in refrigerator until ready for use.

Dryco Formula:

Dryco, 1 tablespoon.

Dextri Maltose No. 1, 1 teaspoon.

Boiled water, 2 ounces.

Formula made just before a feeding.

Dissolve in water at 100 degrees F.

Lactic Acid Formula:

Whole milk, 20 ounces.

Karo Syrup (dark), 2 tablespoonfuls.

Lactic Acid, U. S. P., 60 drops.

Boil milk on open flame three minutes. When cold, add syrup and then add lactic acid drop for drop, stirring constantly.

NURSERY work slip—

7:00 A. M.-2:30 P. M. Shift

Baths.

Resupply breast tray.

Nursery inventory (every two weeks).

Cleaning.

Bath and dressing slabs.

Hopper.

Stove.

Window sills and contents.

Linen hamper.

2:30-11:00 P. M. Shift

Linen.

Cleaning.

Cribs and incubator.

Table in sleeping nursery.

11:00 P. M.-7:00 A. M. Shift

Sterilize every night:

Bath tray (set up complete).

Nipple jars and jar of glassware.

Sterilize all sterile supplies first week of each month.

Cleaning:

Desks and charts.

Ice box.

Cupboards and drawers.

Make Castile soap solution.

Busy Time Ahead for Hospital Workers

Although the holiday season is hardly forgotten, hospital executives already have an imposing schedule of meetings to attract their attention. The Protestant Hospital Association is the latest national group to name its convention time, which, as usual, will be just ahead of the A. H. A. sessions, at Detroit, September 9-12.

This month will see the Northwest Association start the convention ball rolling with a program at Seattle January 18. The end of the month will see the fifth annual session of mid-west dietitians in Chicago January 29-30. A detailed program of this important session is published in this issue.

February will bring with it a conference of state hospital association representatives at A. H. A. headquarters. This is a conference that is of great importance to the entire field and it is to be hoped that a large number of state, provincial and sectional groups will be represented. The sessions open February 13, just ahead of the A. M. A. mid-winter program.

Convention dates announced thus far include:

Northwest Hospital Association, Seattle, Wash., January 18.

National Methodist Hospital Association, Chicago, February 10-11.

A. H. A. conference of state association officers, Chicago, February 13.

Council on Medical Education and Hospitals, American Medical Association, February 15-16.

Iowa Hospital Association, Sioux City, March 9 and 10.

Ohio Hospital Association, Akron, March 15-16.

Pennsylvania Hospital Association, Pittsburgh, March 15-17.

Texas Hospital Association, Dallas, April 8-9.

American Nurses' Association, San Antonio, Tex., April 11-15.

Hospital Association, State of New York, New York City, May 5-7.

Joint meeting, Virginia, North Carolina and South Carolina Hospital associations, Richmond, Va., May 17, 18 and 19.

Minnesota Hospital Association, St. Paul, May 23-25.

Western Hospital Association, Salt Lake City, June 14-16.

Northwest Texas Clinic and Hospital Managers' Association, Ft. Worth, 1932.

Midwest Hospital Association, June.

American Hospital Association, Detroit, Mich., September 12-16.

American Protestant Hospital Association, Detroit, September 9-16.

American College of Surgeons, St. Louis, Mo., October 17-21.

Hospital Ward Rates Not for Employers or Agents, Court Holds

New York Hospitals Favored by Decision Upholding Ruling of Industrial Board Against Insurance Company Asking \$3 Rate for Workmen's Compensation Act Patient

ONE New York hospital raised its rates for service to workmen's compensation patients, effective January 1, and other hospitals are considering this matter as a result of dissemination of an opinion of the appellate division of the state supreme court which upheld the principle that the hospital less than cost ward rate for worthy poor patients need not be applied to patients for whom some one able to pay is responsible.

The facts in the case are:

In 1930 the New York industrial board awarded a claim to a hospital for services to an industrial patient for whose treatment an insurance company was responsible. The claim was based on a hospital charge of \$4.50 a day and extras. The insurance company appealed the decision of the board, asserting that that section of the law which provides that industrial patients shall be charged "prevailing" rates entitled the company to the regular ward rate of \$3 a day. Joseph A. McLaughlin, assistant attorney general, appeared for the industrial board and presented these points to the court:

"The appellants were charged less than the prevailing rate as provided by section 13 of the Workmen's Compensation Law.

"The insurance companies are engaged in a business for profit and gain. They cannot say that they are or should be the objects of the bounty of charity. If the hospitals desire to bestow charity to certain patients, it is not for the said companies to say that they should be treated in like respect and thus cause a further drain upon the endowment funds of the respective hospitals.

"The prevailing rate does not mean a losing rate. It can only mean a reasonable rate above cost. The Legislature must have assumed that a rate below cost would not and could not prevail in any community.

"The evidence shows that the lowest amount a patient can be cared for at said hospital without loss is \$5.11 per day. To compel the hospital to charge less would be to

throw the burden of the care of persons injured in industry upon the hospital instead of upon the employer and insurance carrier, where it justly belongs.

"The cost of caring for such a patient is rightfully assessed against the injury which disabled him and should be assumed by the carrier, who engaged in business for profit, took the insurance and the just obligations that went with it. The institution not in business for gain, but engaged essentially in rendering aid to the poor and needy, cannot under any theory of law of equity be made to participate in the same. The intent of the donor or benefactor would have to be flagrantly disregarded, trust funds diverted and their wholesome objective thwarted, while the insurance carrier is taken under the wing of philanthropy."

In commenting further, Mr. McLaughlin said:

"We contended that the court should read the rule of reason into this statute, and that the legislature must have assumed that the prevailing rate did not mean a rate which would involve a loss and could only mean a reasonable rate above costs. We further contended that 'to compel the hospital to charge less would

be to throw the burden of the care of persons injured in industry upon the hospital instead of upon the employer and insurance carrier, where it justly belongs. And further, 'the cost of caring for such a patient is rightfully assessed against the injury which disabled him and should be assumed by the carrier who engaged in business for profit, took the insurance and the just obligations that went with it.'

"I think all the language contained under our brief has important bearing upon the contentions that hospitals should make in a similar situation."

Marshall Field, chairman of the board, Beekman Street Hospital, New York, in announcing the change in rate from \$4.50 to \$6, said:

"The present rate of \$4.50 represents approximately 60 per cent of the cost to the institution. The increased rate represents approximately 80 per cent of the actual cost, based on hospital accounting, which does not take into consideration interest on investment or depreciation.

"We believe that the theory of Workmen's Compensation Insurance is that the premium charged employers should pay for the adequate care of those injured or needing emergency care in industry. This has not been the case insofar as reimbursement to institutions for the care of Workmen's Compensation Insurance cases is concerned, and the difference between the amount received from the insurance companies and the actual cost has been borne by the public and the directors of these institutions.

"We believe that the insurance companies do not wish the cases for which they are responsible under their policies to be included as charity patients in any sense. While we are more than zealous to take care of city or charity patients who can not afford to pay anything for operative, ward or clinic service, we are of the opinion that the care of Workmen's Compensation Insurance cases should not in any interpretation of the law, directly or indirectly, come under this category."



Hospital Continues Insurance Plan After Year's Trial

Here Are Details of Plan of Mary Imogene Bassett Hospital Which Asks Annual Fee of \$25 for Individual, \$100 for Entire Family

THE Mary Imogene Bassett Hospital, Cooperstown, N. Y., recently made the following announcement signed by Katherine M. Danner, superintendent:

"Since January, 1931 the Mary Imogene Bassett Hospital has had in operation a scheme known as the Bassett Hospital Guild, now called the Bassett Hospital Annual Payment Plan. This scheme is essentially a health insurance, the Hospital, through its staff agreeing to give medical and surgical care to members of the Annual Payment Plan for a period of one year in return for membership dues of \$25 for an individual, and \$100 for an entire family. If so desired, the dues may be paid in monthly installments.

"A recent canvass of those who have been members has shown almost unanimous satisfaction with the scheme and an expressed intention on the part of over 95 per cent to re-enroll. It has therefore, been decided to continue the Bassett Hospital Annual Payment Plan throughout 1932.

"The hospital has no desire to ask those who are regular patients of doctors not on the hospital staff to become members of the Annual Payment Plan."

The following is the information recently prepared by the hospital to answer questions of the public:

1. *What is the purpose of the annual payment plan?*

The purpose of the annual payment plan is to reduce the cost of sickness for those needing medical or surgical care. It aims to divide up the cost of sickness among the sick and the well so that a prolonged illness or a surgical operation will not be a financial calamity for people of moderate means.

2. *Who may join the annual payment plan?*

Any individual residing in or near Cooperstown who is not suffering from some chronic illness at the time the application for membership in the

In the last issue of "Hospital Management" some reference was made to the plan whereby a few hospitals rendered service for a year to the public upon payment of a small individual fee, or a larger sum to cover an entire family. Because of the general interest among hospital administrators in such a plan, the accompanying material describing some of the details of the plan of the Mary Imogene Bassett Hospital, Cooperstown, N. Y., is presented.

annual payment plan is made. Whenever it seems advisable a physical examination by a member of the hospital staff will be required.

In some cases where the admission examination reveals the presence of a chronic illness at the time application is made, the applicant may be accepted for membership with the understanding that a charge will be made for any services for the treatment and care of such chronic illness.

3. *Is membership in the annual payment plan open to individuals residing outside of the village limits of Cooperstown?*

Yes, any individual not chronically ill at the time application for membership is made, and living in or near Cooperstown, is eligible. Those whose place of residence is not easily accessible will not be entitled to receive free of charge any house calls from members of the hospital staff.

4. *How much does it cost to join the annual payment plan?*

Twenty-five dollars a year for each individual.

One hundred dollars a year for an entire family of any size.

If the member so desires, the dues may be paid in installments during the year. In such cases an additional charge of \$1 on each individual or each family membership will be made.

Memberships will become effective one month after an application has been accepted.

5. *What privileges are accorded members of the annual payment plan?*

The Mary Imogene Bassett Hospital, through its staff, will take care of annual payment plan members in case of any illness, either medical or surgical, without additional charge. Depending upon the severity and the kind of illness, the doctors of the hospital staff will care for the patients at home, in the doctors' offices at the hospital, or as ward patients in the hospital.

6. *Are accident cases, surgical operations and, when necessary, ambulance service included in annual payment plan service to members?*

Yes.

7. *Is there any type of medical or surgical service not rendered to annual payment plan members?*

Care of obstetrical cases is not included in this service.

8. *What is to be done about cases coming under the Workmen's Compensation Act?*

Such cases are to be handled as heretofore.

9. *If a member of the annual payment plan carrying an accident policy in an insurance company, or entitled to money from an insurance company because of injury by another person who is insured, is the hospital entitled to any of the money paid by the insurance company?*

Yes, the hospital would expect to receive the amount covering the usual charge for the care given by the hospital staff.

10. *What services are included under hospital ward care?*

X-rays, laboratory examinations, professional services, operations when necessary, and all routine nursing care.

11. *Is it possible for annual payment plan members to have private room service if admitted to the hospital?*

If a member upon admission to the



Important New Book...FREE

We prepared this book for architects. But now, looking it over, we see that there are no terrible technicalities lurking in its pages. So why not offer it to everybody who is thinking of buying new floors?

Probably the most valuable feature of this book is its 51 actual photographs of modern resilient floors. These will give you a comprehensive idea of what these very adaptable materials can do for your building.

Resilient—and therefore comfortable and quiet, Sealex Floors are not costly. Even the

quite elaborate, made-to-order designs (the cost of which would be prohibitive in other types of floorings) are relatively inexpensive. Write us for your copy of “Resilient Floors” and ask us about our Bonded Floors installation service, Sealex materials backed by a Guaranty Bond.

CONGOLEUM-NAIRN INC. . . . KEARNY, NEW JERSEY

SEALEX
LINOLEUM FLOORS

hospital desires private room service, he will be allowed a credit of \$4 a day. With this deduction, the charge for private room service, operation, laboratory work, professional fee, etc., will be computed as for non-members.

12. *Can annual payment plan members have their choice of doctors on the hospital staff?*

In so far as it is practicable, it will be the aim of the hospital to comply with the wishes of patients in their choice of doctors.

13. *If an annual payment plan member is admitted to the hospital, is there any limit to the length of time which he can continue to receive hospital ward service without additional cost to him?*

There will be no additional charge during the term of membership if the illness is of long duration.

14. *Who shall decide where a member shall be treated?*

The doctors of the hospital staff reserve the privilege of deciding whether an illness is to be treated at home, in the office, or by admission to the hospital.

15. *Is it possible for one individual to take out memberships for other individuals or families?*

Yes, any person may subscribe for as many memberships as he desires. An individual or family may subscribe for another family, or an employer may, if he wishes, take out memberships for each of his employees.

WHAT IS 12-HOUR DUTY?

"A superintendent," who fails to sign the name, recently sent HOSPITAL MANAGEMENT the following analysis of the number of hours on duty of a graduate staff nurse on a 12-hour shift in a hospital, on the basis of a 14-day period or two weeks:

Hours	
Time off, for half day, two weeks (7 hours times 2).....	14
One and a half hours daily for meals, 12 days	18
Two hours daily, 12 days.....	24
One full day off every other Sunday. 12	—
Total time off, two weeks.....	68
Total time involved, 14 days times 12 hours, 168 hours.	—
Total time on duty, 100 hours.	—

"This is equivalent to a 7 and 1-7 hour day," says the anonymous note.

Does any other reader want to figure this?

1,500 IN 11 MONTHS

The fifteen hundredth baby was born in Lewis Maternity Memorial Hospital Chicago, before the institution recently completed its eleventh month of service. This baby cost its parents only \$50 as far as physician's fees and hospital charges were concerned. Pre-natal care also was included in this sum. The hospital was donated to the archdiocese of Chicago by F. J. Lewis, K. S. G., and serves Catholic mothers whose income is \$50 a week or less. It is operated by the Sisters of Charity of Providence.

"What Trustees Expect From Their Hospital Superintendent"

"WHAT Trustees Expect of a Superintendent" was among the topics discussed at the 1931 hospital conference of the American College of Surgeons. Dr. J. Allen Jackson, superintendent, Danville, Pa., Hospital, and Thomas S. McLane, president, Roosevelt Hospital, New York, gave their impressions. Dr. Jackson said in part:

"All trustees expect action and results from the superintendent. The best way to determine the abilities of any executive is to see him in action. Activity on the part of the superintendent does not imply he shall always be on the wards or in the power house. A superintendent in action, who represents full authority of the board of trustees, usually has his compasses and charts before him, as for instance:

1. Most essential of all, he makes certain that his entire administrative program and his power of absolute control of the personnel are approved by the trustees. He should firmly resolve that all hospital matters be taken up with the respective committees of the board or with the board as a whole.

2. He has a blue print of his hospital and property and listed inventories.

3. He has a blue print of his program for construction, maintenance upkeep, and repair.

4. He has an organization chart.

5. He has a personnel chart.

6. He has graphic charts of daily operations—executive and fiscal, medical, personnel turnovers, etc.

7. He has competent heads for his departments. He is familiar with the work carried on in his departments.

8. He formulates the plans for and correlates the departmental activities.

9. He has conferences with his trustee committees.

10. He has appointments with the staff and the departmental heads.

11. He has definite hours for visitors.

12. He has hours best known to himself to visit each department.

13. He has appointment hours for his varied community contacts, hospital meetings, etc.

"In this day and generation, the trustees expect him to have very definite hours of recreation, relaxation, and physical exercise. The day has passed when the superintendent is supposed to get up with the cook and retire after all the little lambs have come in after midnight.

"Trustees expect him to submit monthly and bi-monthly reports to the board as a whole. They expect him to meet with the various committees of the board.

"They expect him to be the official representative of the hospital, to preside over its affairs with dignity and

decorum, to be considerate of his colleagues and personnel, and, most important of all, to keep in contact with the care of the patients, and with their relatives and friends."

Mr. McLane stressed the following:

"A superintendent can only be successful if he possesses:

1. A first-hand knowledge of the proper functions of a hospital and its administration, which I feel can best be obtained by experience gained through working up in the organization.

2. A sense of humor, also badly needed by doctor and trustee alike; how much happier and more successful would their administration be if they might cultivate it a bit more.

3. What Dr. Jackson calls Personality and I add a capital P, for it is the God-given talent, without definition.

4. A realization that only through the co-operation of every member of the hospital family can the superintendent properly know and adequately cope with the problems.

5. Vision, for superintendents like people die without it.

6. The ability to choose assistants who will carry out his ideals and be loyal."

WHAT SYSTEM WILL DO

Hospital laundries have many problems with which commercial laundries do not have to contend, and so in some respects hospital laundries cannot be expected to equal records of performance that commercial laundries may make. Nevertheless, it is interesting to know to what extent system and standardization of methods, etc., can stimulate laundry production. In the newest laundry of the Pullman Company, in Chicago, one giant washer alone handles 7,200 pounds of wash daily, this one piece of equipment doing as much work as one hospital would require. This is due to the fact that the types of linen washed are much fewer, and that processes and methods have been carefully standardized, timed and organized.

POPULAR FOOD TALKS

Cambridge City Hospital, Cambridge, Mass., recently began a series of meetings for outpatients and others, to instruct housewives concerning food preparation, selection, etc. The meetings were arranged through the cooperation of the social service and dietary departments of the hospital, with other social agencies of the community aiding in increasing attendance. The program was started because of the unusual need for practical information of this kind, and it is hoped that the instruction will reduce the number of cases of malnutrition and undernourishment.

HAVE YOU ONE?

A newspaper reporter, in writing about a change in personnel in a western hospital, referred to a newcomer as "antiseptist," meaning anesthetist. At that, every one connected with a hospital ought to be "antiseptist."

With these films your X-ray Department —Functions Efficiently —Curtails Expenses

MEMBERS of the hospital staff today turn more frequently to the radiologist for diagnostic assistance. They realize the value of radiography in quick, positive diagnoses. Thus the x-ray department becomes increasingly important in modern hospital routine.

Since maximum service must be rendered in the shortest possible time, and with minimum cost, the choice of x-ray film must be made with efficiency and economy in mind.

With Eastman *Ultra-Speed* and *Diaphax* Films, today's demand for radiologic service can be handled effectively and economically. Radiographs of superior diagnostic quality can easily be



obtained, for these films are extremely sensitive. They record diagnostic detail accurately and reduce the number of retakes, thus saving equipment from unnecessary use. Furthermore, their uniformity facilitates standardization of procedures in both the exposure and the processing room.

EASTMAN X-RAY FILMS

*the Accepted Radiographic
Media the World Over*

EASTMAN KODAK COMPANY, Medical Division,
341 State Street, Rochester, N. Y.

Gentlemen: Please place my name on your mailing list for the free bi-monthly magazine, "Radiography and Clinical Photography" published in the interest of better radiography and photography.

Name

Institution

Number and Street

City and State

Unified Plan Guides Service, Growth of Milwaukee County Group

Organization of Units Indicates How Teaching Opportunities of Public Hospitals May Be Utilized: Fine Increase in Autopsy Percentage
By WILLIAM L. COFFEY,

Manager Milwaukee County Institutions, Wauwatosa, Wis.

THE teaching opportunities of the hospitals are so closely related to and are so dependent on the general operation of hospitals that I believe the consideration of hospital management timely and worth-while.

In discussing management I prefer to outline the organization and operation of a group in the management of which I am associated—the Milwaukee County Institutions.

Making up this group are:

An Infirmary or old people's home; a Home for Dependent Children; Muirdale Sanatorium for the tuberculous; Blue Mound Preventorium, for the care of the tuberculous, the contact, and the undernourished child; a Hospital for Mental Diseases; an Asylum for Chronic Insane; an older hospital unit of 350-bed capacity, and a new General Hospital just completed with a rated capacity of 650 beds, 1,000 beds in all. There is also a General Farm, a County Agent's Department, an Administration Building, and the necessary centralized service units, all located on a 1,200-acre plot on the outskirts of Milwaukee. The Dispensary-Emergency Unit, a department of the General Hospital; the Mental Hygiene Clinic; and the Department of Outdoor Relief are conveniently located in the city.

The history of the development of these institutions reads much as does the story of numberless communities, an only but important difference being that a far-sighted group of public officials a number of years ago purchased several parcels of farm land upon which to build the institutions of the county as the need developed. The plot, at the time of purchase eight miles from Milwaukee, is today bounded on the north and south by the extensions of a fast-growing city. The management of each of these institutions as it decent and board of trustees. Each was

developed was vested in a superintendent in itself complete. As the program developed and additional institutions were built, the multiplicity of boards prompted the County Board of Supervisors to attempt consolidation of management.

In 1914 the board of administration, a full time board of managers, came into power. This board wiped out boundary lines between institutions and took the first steps towards centralization. In 1921 the county board of supervisors sponsored legislation abolishing the full time board of managers and advocated the placing of the control and administration of the institutions in a manager with a part-time board of trustees. Under this plan the manager is charged with the operation and direction of the institutions. The plan provides that the manager is to make all purchases and enter into all contracts. He acts under the control of an advisory and policy-determining board of trustees which is, however, not an administrative board. The plan provides further that in more important matters the manager is to submit to and consider with the board of trustees his recommendations. The right is reserved to the board to approve or disapprove recommendations, and in cases where the recommendation of the manager is overruled, the board may by affirmative action direct the manager

with respect to the action he is required to take.

This board is made up of five members. Three are appointed at large by the county board, one by the governor of Wisconsin, and the fifth member is a member of the county board of supervisors, an elective body, selected by the membership of that board to serve on the board of trustees, thereby making an interlocking directorate between the controlling and appropriating boards.

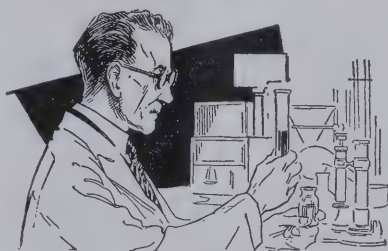
A superintendent is in charge of each of the major units. An assistant is in immediate charge of the Dispensary-Emergency Unit, a department of the General Hospital, and a supervising nurse is in charge of Blue Mound Preventorium, a department of Muirdale.

The personnel, from the manager to the scrub-orderly, enter the service through the "merit" route. Examinations for positions in the county service are practical and technical. The civil service commission when passing on applicants for the more important medical and administrative positions calls to its aid examining boards competent to pass on the qualifications of candidates.

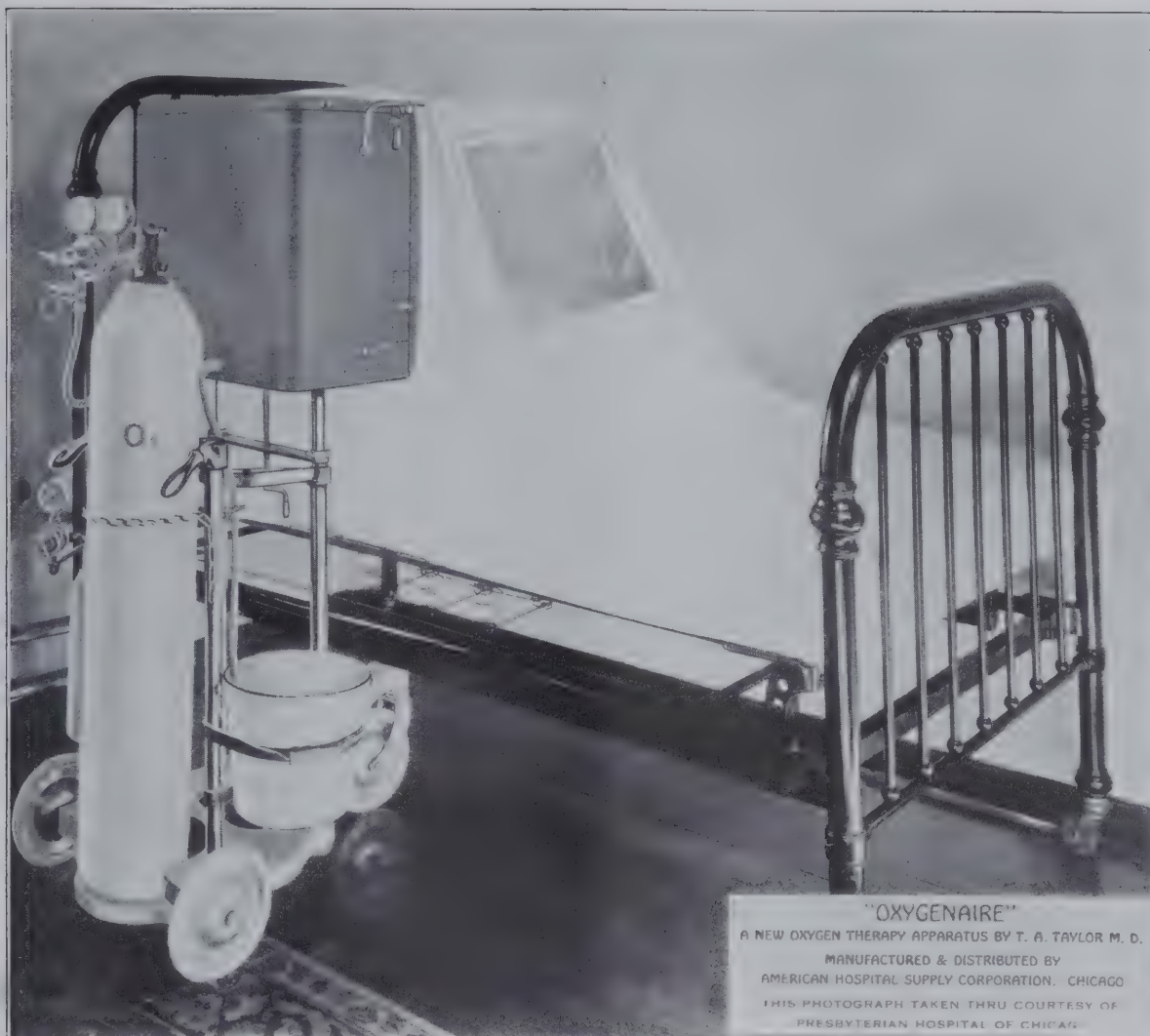
The board of trustees appoints the manager and the superintendents. The manager appoints, subject to the approval of the board of trustees, the personnel in his organization. The superintendents make all appointments in their respective units, these appointments being subject to the approval of the manager.

The corporation counsel, a member of the district attorney's staff, functions in all legal matters, passes on all contracts, defends all claims, applies for guardianship, and effects collections for the care of patients. The county treasurer acts in the same capacity for the institutions as for the other county departments, and the county auditor's department controls all expenditures and issues all checks.

There is a chief engineer in charge



From a paper before 1931 A. H. A. convention.



There Is Only One OXYGENAIRE

There is only one oxygen therapy apparatus which proudly bears the name—"OXYGENAIRE." It is the latest contribution of medical science in the fight against respiratory diseases. The OXYGENAIRE is an achievement with which we are proud to be associated. It is efficient, easy to operate, low in operating cost and reasonable in price. It is silent, has no motors or machinery, but operates by Nature's law of convection. We offer it to you after research and tests have proved its dependability. You are secure in buying it, because it carries the same guarantee as all other American products. It must please you or you need not pay for it. Write for full details and convenient payment plan.

The OXYGENAIRE is manufactured and distributed by

AMERICAN HOSPITAL SUPPLY CORPORATION

15 North Jefferson Street » Chicago, Ill.
 108 Sixth Street » » Pittsburgh, Pa.

of all power plants. A construction superintendent is in charge of building operations, and there is a director in each of the service units. A fire prevention chief with an assistant strives to eliminate fire hazards; all buildings not fireproof are automatically sprinkled.

A chief dietitian, a member of the administrative unit, with headquarters at the General Hospital, directs and supervises all diets. A farm manager, a university graduate, is in charge of the farm.

Patients enter the institutions through the social service department. The Dispensary-Emergency Unit is the clearing house for the hospitals. Pay and part-pay patients are accepted. In no case, however, is a patient accepted at the hospital or in the dispensary where the investigation develops that he can pay a private physician or private hospital rates, the accepted budget of the community governing.

The accounting system developed is for machine operation. Information on expenditures, balances, costs, bills payable, bills receivable, and discounts are readily available, as are all experience records necessary for careful operation and planning. Milwaukee County Institutions operate on a cash basis; payments are made within the regular discount periods. Red tape, so far as possible, is eliminated, placing the organization on the preferred list with sellers of every form of merchandise. Responsibility is definitely fixed in a manner no decentralized plan would permit.

The economies possible in quantity purchasing, warehousing and distributing are apparent. A complete organization to check all requisitions and purchases, to follow all contracts, to inquire into and study the operation of each department is a help and safeguard in good administration. Purchases, where possible, are made in competition. Quality, price, availability and end-cost, however, enter into the matter of awards. Competition is not limited to the County or State, as it is not believed that the tax-paying public should be penalized for the benefit of the few privileged to sell the tax-supported group. On particular items the purchases are referred, after tabulation, to department heads requisitioning, for preference-check and report. Conferences are frequent so that to the problems of management are brought the training and experience of the entire personnel of the organization. The institutions are not made to fit the plan. The plan is fitted to the operation and development of each institution. Latitude and encourage-

"It may safely be said that as a benefactor to humanity, a public hospital fulfilling its duty as it should can have hardly an equal in any community. But if we value the teaching facilities, if we would develop research or if we can hope for the elevation of standards in these hospitals, then we must give thought and help in their management."

"The standards of hospital management of yesterday are not the standards of today; the standards of yesterday have been excelled. The ideals of today, which now seem almost visionary, we hope will be the standards of tomorrow. Toward these ideals of management the public hospital of today, I have the temerity to believe, is striving."

ment are given the superintendents and department heads in the development of the particular work that each institution is organized to do.

With the operating procedure fixed in the institutions, there remains only the further necessity of control on "intake." The medical units had social service departments or workers attempting this control. The field work, however, was limited to cases where the worker had reason to believe, after an interview, that there was question as to the eligibility of the applicant. In the last year there was organized an investigational unit to serve all of the departments. Securing the necessary quota of trained workers was an impossibility. A group of 20 potential workers was nominated by the civil service commission. This group was put through an intensive course of training and sent into the field to work under careful supervision. Then another group of 20 was taken and trained in the field. The necessary typists, filing clerks, and equipment were installed, with the result



that a complete investigation was made of every application for any form of assistance.

The procedure in the General Hospital is as follows:

The admissions of the day are tabulated.

The list is then taken by messenger to the confidential exchange operated in connection with the Central Council of Social Agencies. Here at an appointed time the cases are cleared.

The messenger then continues to the investigational unit where the investigation is completed and report made to the hospital within 24, or at the outside, 48 hours.

A survey just completed by the resident staff developed that in 75 to 80 per cent of the cases hospitalized, the patient's admission could be delayed until investigation was completed. It is planned that admission in the very near future will be by application, the only exception being emergency cases. In five months approximately 14,000 applications were investigated. The figures for the four-month period immediately previous to August showed that 33 per cent of the applications for assistance were either refused or deferred.

With careful budgeting and planning, with the setting up of the necessary controls and with the adoption of the methods of better business, the avenue of attack on public institutions has been closed, and the road to larger usefulness has been opened through the confidence established in the community. This will make possible the development of a medical program and of institutions of the best possible type.

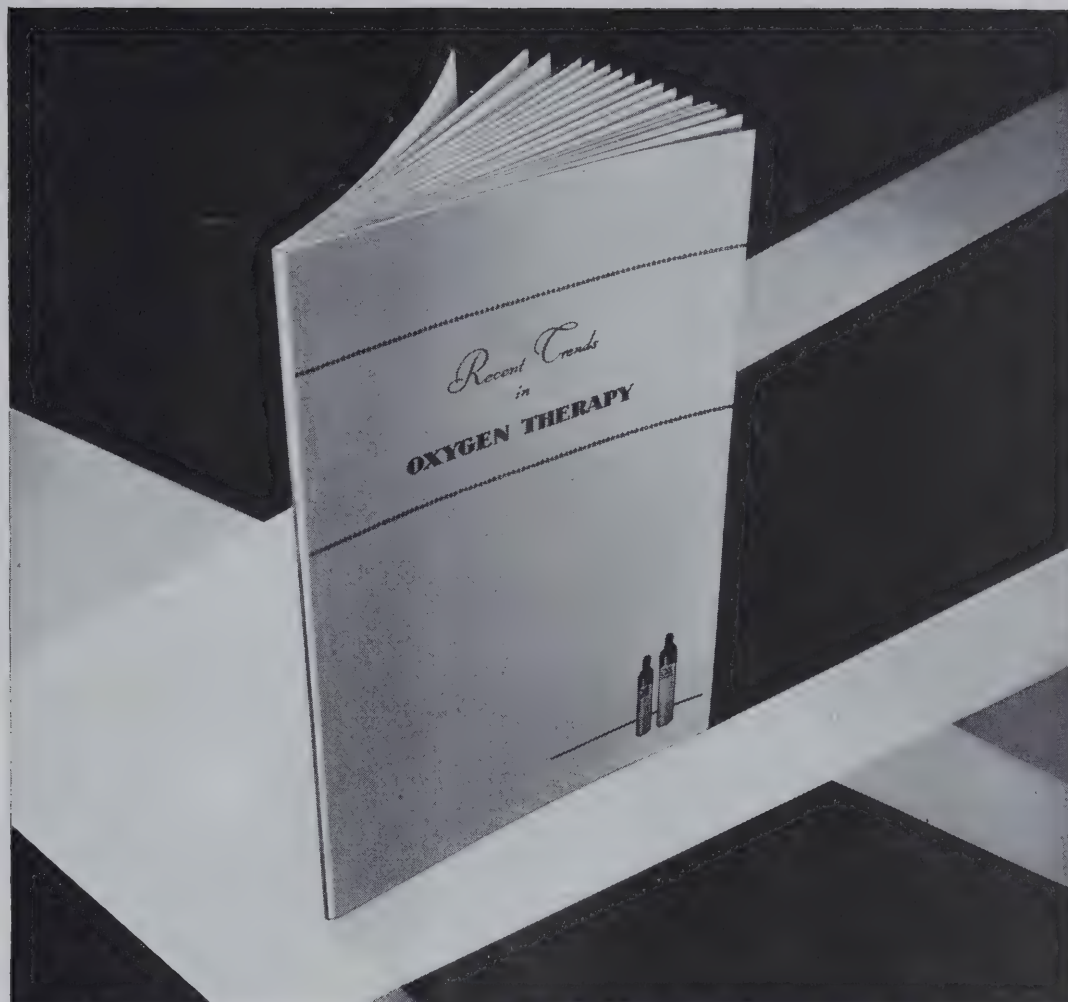
In our own institutions we have for years taken an active part in medical and nursing education. Our hospitals with their various staffs form a part of the teaching program of the two universities, Wisconsin and Marquette. Although the institutions were erected with no thought of teaching service, they are by their very nature of inestimable value. In brief, the teaching activities are accomplished in the following manner:

1. General ward rounds conducted by staff members are attended by groups of students numbering from five to ten. At the same time like groups witness operative procedure in the surgical amphitheater.

2. In the hospitals there are clinical conferences held each day from 11 a. m. to 12. These are attended by large numbers and the most important cases are analyzed and discussed.

3. A clinical pathological conference is held on Saturday from 10 a. m. to 12, at which time the autopsied cases of the week are presented and discussed.

These three major forms of instruction are supplemented by nu-



Recent trends in OXYGEN THERAPY

RECENT developments in oxygen therapy, both in hospitals and in private practice, have been so rapid that only the newest information on this subject can be regarded as authoritative.

To supply physicians interested in the practical aspects of oxygen therapy with the latest data on procedure and equipment, we have prepared a brief but accurate 36-page book, "Recent Trends in Oxygen Therapy," which will be sent to any physician without cost or obligation.

THE LINDE AIR PRODUCTS CO.

The World's Largest Producer of Oxygen
Unit of Union Carbide and Carbon Corporation

New York



IN CANADA, DOMINION OXYGEN COMPANY, LTD., TORONTO



Linde Oxygen U.S.P. is of guaranteed purity in excess of 99.5 per cent., far exceeding the requirements of the United States Pharmacopoeia. It is available in 220 cu. ft. and 110 cu. ft. cylinders at any of the 65 Linde producing plants and 174 warehouses, conveniently located in every part of the country.

H. M. 1-32

The Linde Air Products Co., 205 East 42nd Street, N.Y.

Without obligation, please mail a copy of "Recent Trends in Oxygen Therapy" to:

Name _____

Address _____

City and State _____

15 Years Ago—THIS MONTH—10 Years Ago

From "Hospital Management," January 15, 1922

Review of the year finds hospitals complaining of business depression, commenting on reduced industrial work due to closing down of plants, predicting improvement in labor market and in nursing school applicants, in both of which a scarcity had been experienced in 1921.

Hospital Library and Service Bureau completes first full year.

Discussion of advisability of reducing hospital charges was common; also reference to reduced expenses, due to lower commodity prices.

Use of nurse aids to offset scarcity of students was described.

From "Hospital Management," January 15, 1917

James U. Norris recently had become first assistant superintendent, Presbyterian Hospital, New York, and Oliver H. Bartine, superintendent of Flower Hospital, New York.

Hospitals were advised to watch movements to amend state workmen's compensation laws in order to introduce changes favorable to themselves.

merous other teaching activities, especially by the smaller specialties and laboratory courses.

The interns serving in the General Hospital are selected by competitive examination. The quota is 40. At the end of the intern year 15 of the best interns are selected for junior residencies. At the end of the second year the vacancies existing in the senior classification are filled from the best of the junior group. Last year we assigned a man who had completed his senior service to the care of the indigents in their own homes. This service is to be extended. During the training of this entire medical group there is emergency and dispensary service; Muirdale, the Hospital for Mental Diseases, and the Mental Clinic offer opportunities if the doctor elects one of these specialties after the intern year. This field of training is open to the nurses. This service, however, has not been organized to include all of the medical units in the group. A plan to include all is, however, in process of making.

When discussion arises with regard to the educational value of the public hospital, the subject of post-mortem examinations cannot be avoided. In our General Hospital the autopsy rate for 1922 was 9.8 per cent; in 1930 it was 50.7 per cent. This great increase was due to the unabated enthusiasm of a few members of the staff.

Another outstanding obligation of the public hospital, and it is closely related to the teaching function, is research work. This function is lagging in the public institutions of the United States. Few large public institutions have contributed to the research work of the nation; private organizations have done most of this type of work. But I can see reasons which may explain if not excuse this failure. In the first place, research

and investigative work have entered a sort of special field of their own. Considerable money is necessary to carry out the proper type of research. On the other hand, there are few places so well prepared to furnish the inspiration for such work as the public hospital. There are, of course, public hospitals which do this type of work, but in far too many no original work is done. We hope the time may come when public hospitals may find it possible to take a more active interest in this third major duty.

Just before leaving to attend this conference I had the pleasure of seeing on my desk reprints of recent investigative work done in two of the institutions of the group—Muirdale and the County Hospital—published in the *American Journal of Medical Science*.

CHARTS IN REPORTS

The use of diagrams, charts and other illustrations in simplifying and clarifying the facts contained in the annual report of corporate enterprises is discussed in an illustrated study published by the Policyholders Service Bureau of the Metropolitan Life Insurance Company. The information is based on an analysis of the reports of 32 organizations.

Through the graphic method of presentation, the publication states, the average mind can grasp information in a fraction of the time required to extract the same information from actual figures. The graphic method has been employed by a number of companies to emphasize such facts as growth of assets, earnings, sales, production, and orders received over a period of years. Illustrations and photographs, according to the survey, also help to make the annual report readable and to relieve the monotony of the printed page. Plants and processes, new developments, expansion and personnel all may be portrayed pictorially.

Consideration is also given in the study to condensed or pocket reports. These summarize the more important points of the annual statement. Chief executives and others interested may obtain copies of this publication by addressing the Policyholders Service Bureau at 1 Madison Avenue, New York.

When TB Hospital Has a School

The prosecuting attorney of a county in Ohio recently asked a ruling from the attorney general of the state with reference to the duties and responsibilities of the hospital superintendent and the superintendent of schools when a tuberculosis hospital conducted a school.

A summary of the opinion follows:

A school maintained at a county tuberculosis hospital should be supervised, so far as the arrangement of school curriculum, general organization of the school, grading of pupils, extension of school credits, recommendation of teachers, textbooks and necessary equipment are concerned, by the county superintendent of schools. The administration of the school in other respects than its academic features should be under the supervision of the superintendent of the hospital. The said county superintendent of schools and the superintendent of the hospital should, so far as possible, cooperate in the management and maintenance of the school.

It is the duty of the trustees of the hospital to employ necessary teachers and purchase necessary textbooks, equipment and supplies for the school, upon the recommendation, so far as is consistent with good management, of the county superintendent of schools.

A teacher in a school maintained at a tuberculosis hospital does not become a member of the State Teachers' Retirement System, unless the trustees of said institution accept the requirements and obligations of the law relating to the establishment and maintenance of the State Teachers' Retirement System or the teacher, himself, is a contributor to said system.

The provisions of the general code, with reference to the minimum salary to be paid to school teachers have no application to the payment of salaries to teachers in a school maintained at a tuberculosis hospital.

A. H. A. DATE SEPTEMBER 12

The date of the convention of the American Hospital Association in Detroit has been fixed as the week of September 12. Officials of the A. H. A. and of the exhibitors' association and Detroit hospital executives recently held a conference to work out preliminary details.

Thank you for a wonderful year

It's good to have a note of cheer in times like these. Certainly ours is a happy story—and you helped us earn it.

Our 1931 was 33% ahead of 1930 in actual unit sales and the SPRING-AIR Mattress has climbed to a position of leadership in the institutional field.

There's a very human story back of this news. And it concerns you who direct and manage the Nation's hospitals. You've been wonderful to us. You have been so willing to investigate the facts. You have tested in actual service and on the record of those tests you have ordered again and again. More than that you have gone out of your way to tell others in and out of your field about your experience with our SPRING-AIR Mattress. And that's priceless help! We want you to know how sincerely grateful we are to you all.

One thought for 1932. Make increasing use of our Secretary. He is prepared to serve you as headquarters for helpful information on the care, upkeep, testing and purchasing of Hospital Bedding. Let us help you all we can.

Master Bedding Makers of America

Factories in forty principal cities—
Address the Secretary at Holland, Michigan for all information.

Unusual Kitchen Arrangement Saves Time, Energy at Lake View

Equipment Set at Oblique Angle From Walls Reduces Steps and Speeds Food Service of Danville, Ill., Institution



Zero hour for the dietary department and nurses at Lake View Hospital. Nurses carrying trays to patients. Note recessed shelves to hold soiled dishes after meals until porter collects them. Dumbwaiter openings may be seen beneath each of the lights. This hospital has complete central food service, there being no floor service pantries.

Below is another unusual feature of the hospital food service, "The Green Tea Room," where the public, visitors and convalescent patients are served. This public dining room is separated from the personnel dining room by the lattices shown. The personnel eat on the other side of the trellises.

Other features of the kitchen and food service organization of the hospital are explained in this article.

AN unusual arrangement of kitchen equipment and location of dining rooms and auxiliary rooms features the dietary department of Lake View Hospital, Danville, Ill., 170 beds, Clarence H. Baum, superintendent. This institution has central service for patients' meals, the trays being completely set up in the kitchen, there being no floor service kitchens or pantries.

Instead of the usual arrangement of equipment parallel or at right angles to the walls of the main kitchen, ranges, servicing tables, and other apparatus for the preparation and service of food in the Lake View Hospital kitchen is set up obliquely from the walls. Thus much space

(Continued on page 66)





Lime flavor adds *new zest*

WHENEVER you serve a delicacy calling for a tart flavor, be sure that the tang is just right. Be sure, too, that the flavor *blends* perfectly.

Jell-O, once again advancing, has met this exacting requirement. For it is now made not only in orange, cherry, raspberry, strawberry, and lemon, but also in *lime*.

How inviting this true lime Jell-O looks in its fresh, bright-green color! Plain, whipped, or combined with fruits or vegetables, what a fine new zest it adds to the modern menu!

You will find lime Jell-O ideal for sparkling salads and dainty desserts.

Send today for a free assortment of tested quantity recipes for Jell-O dishes. Just check the recipes you want and mail the coupon.

© 1931, G. F. Corp.

PLEASE FILL IN COMPLETELY—PRINT NAME AND ADDRESS

Institution Department, GENERAL FOODS SALES CO., INC.
250 Park Avenue, New York, N. Y.

Please send me free tested quantity recipes for Jell-O in

☐ Salads ☐ Entrées ☐ Desserts



Name _____

Position _____

Connected with _____

Address _____

City _____ State _____

In Canada, address General Foods, Ltd.
Sterling Tower, Toronto 2, Ont.

There is only one Jell-O

A PRODUCT OF GENERAL FOODS CORPORATION

If your Budget were stacked in hard cash before you...

In these days of business efficiency, budgets, costs and appropriations are just so many figures. We order by form, purchase by contract, and pay by check. Rarely do we see or handle the actual money—the silver dimes and dollars—that we are spending. But it's there just the same. The hospital's ten dollar check should be used just as carefully and go just as far as the hospital's ten dollar bill.



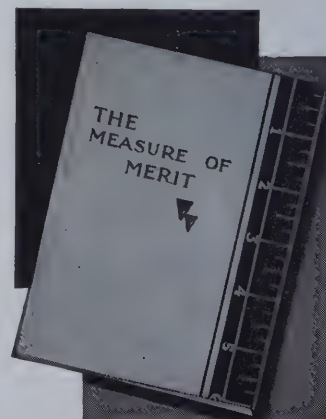
The hospital's meal service dollar ought to buy sturdy, efficient equipment. Long, hard, steady use under adverse conditions is testimony of the sturdy design and construction of the Ideal Food Conveyor. The almost universal acceptance of the Ideal System is strong proof of its efficiency. "Most hospitals use food conveyors. Most food conveyors are Ideals."

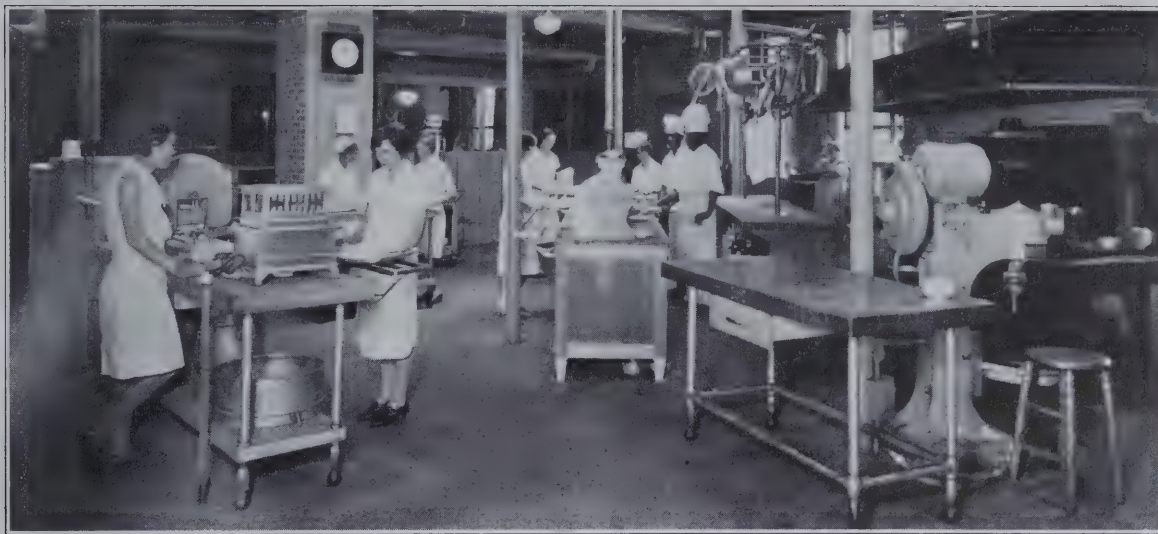
There's help for you in this guide to better hospital buying. Send for a copy of "The Measure of Merit."

Ideal Food Conveyor Systems

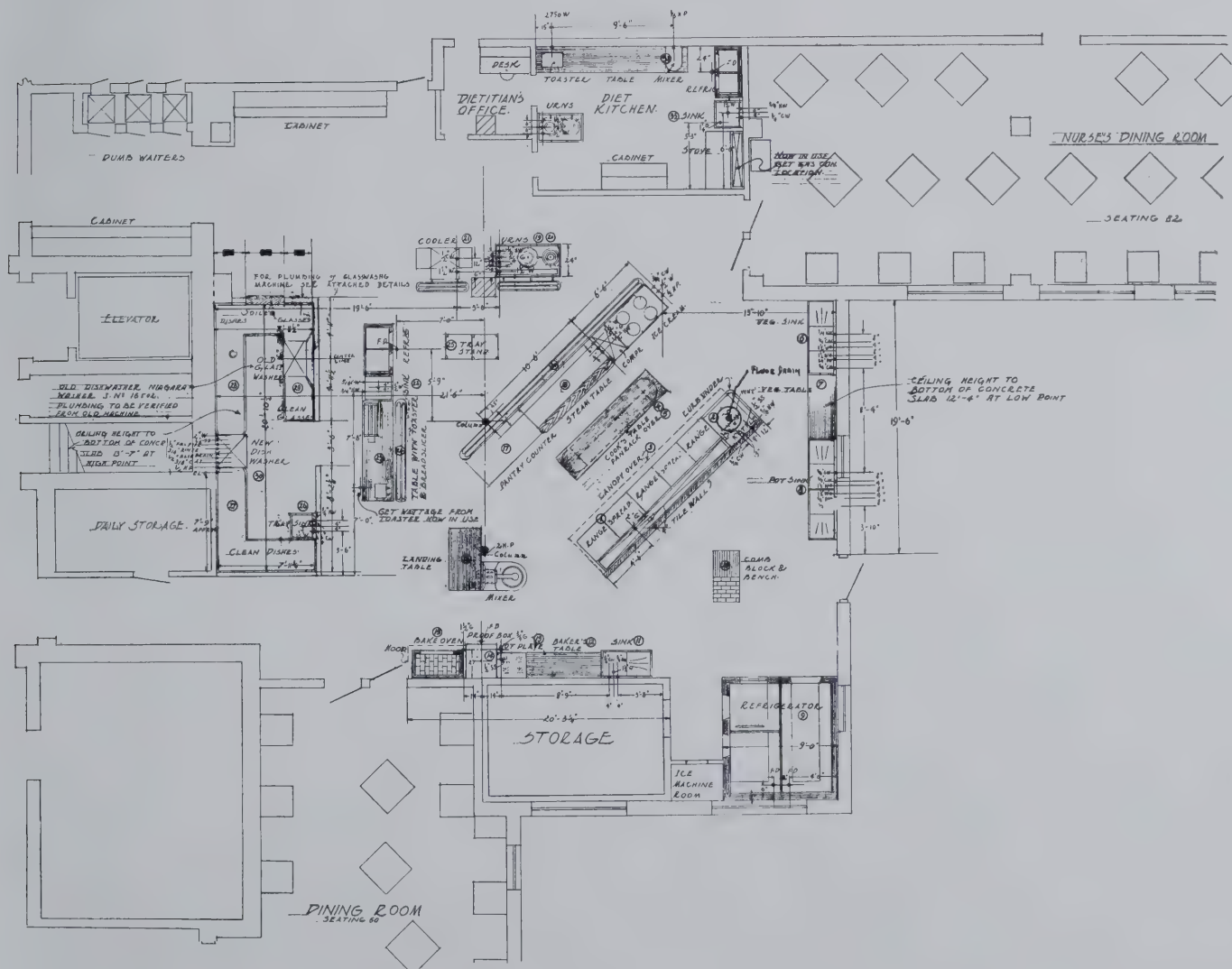
THE SWARTZBAUGH MFG. COMPANY
TOLEDO, OHIO

Associate Distributors: The Colson Stores Co., Cleveland, Ohio, with Branches in:
Baltimore ■ Chicago ■ Boston ■ Cincinnati ■ Buffalo ■ Detroit
■ New York ■ Philadelphia ■ Pittsburgh ■ St. Louis ■ Los Angeles
■ San Francisco ■ Washington Cycle Co., Tacoma, Was. ■ Canada: THE
CANADIAN FAIRBANKS-MORSE CO., Ltd. ■ Branches in Principal Canadian Cities.





At the top is a view of the unusual arrangement of the equipment of the kitchen of Lake View Hospital, Danville, Ill., and below a diagram showing the unique plan with greater clearness. In setting trays, the individual completes a circular route, ending near the point at which the journey began. This puts her near the dumbwaiter station and convenient to either the nurses' or personnel dining room. Note also the convenient location of the dietitian's office.





A glimpse into the attractively furnished nurses' dining room of Lake View Hospital. Waitress service is used here and in the doctors' and personnel dining rooms.

(Continued from page 64)
which is used for aisles is occupied by equipment at Lake View.

The big advantage of this arrangement of equipment is that it has cut down materially the distance required to be covered by the person carrying the tray that is being set. Roughly, this person completes a circle, starting at the tray stand, which is relatively near the dumbwaiter station, and ending at that point with the completely set tray. The radius of the circle is only a few feet.

A study of the accompanying diagram of the kitchen arrangement also will show that this location of the serving counters at which the various items of food are placed on the trays makes entry to the dining rooms very convenient. The arrangement of the equipment makes inspection of trays an easy task for the individual charged with this work, the dietitian checking the trays served from the steam table and the senior diet kitchen nurse checking the special trays.

The accompanying floor plan shows the nurses' dining room on one side of the kitchen, and the public dining room on the other. Near the nurses' dining room is the doctors' dining room, while the help eats across the hall from the kitchen,

to the left of the elevator, as shown in the plan.

Further study of the plan will show the convenient location of the dietitian's office and of the special diet kitchen, and the fact that such divisions as storage and dish washing, which do not have to be used as frequently as others, are at some distance from the busiest sections of the kitchen.

As stated, the completed trays pass under supervision before being taken to the dumbwaiter to be sent to the various floors. The food service is so organized that at the zero hour the nurses on the different floors are ready to receive the trays as they come to the floors, and serve them. Beside each of the floor dumbwaiter stations are recessed shelves, metal, upon which the trays of soiled dishes



are placed when the patient has finished the meal. After all patients goes to each floor and returns the trays by dumbwaiter to the kitchen, for washing.

Infrequently these recessed shelves may be used to hold a tray for a patient who for some reason is not ready, but ordinarily these trays are sent right back to the kitchen.

Waitress service is used in the nurses' and doctors' dining rooms and in the personnel dining room.

Another unusual feature of the food service at Lake View Hospital is the "Green Tea Room" for visitors. This is a section of the personnel dining room, spaced off by attractive lattice or trellis. In the Green Tea Room 24-hour service is maintained for such items as sandwiches, salads and beverages, and meals are served from 7 to 9 a. m., 11 a. m. to 1 p. m., and from 5 to 7 p. m.

Typical of the character of food and of the charges in the Green Tea Room are the following, selected at random:

House menu, 40 cents.

Soup, meat, potatoes, vegetable salad, dessert, beverage.

Steak dinner, 60 cents.

Sandwiches, 10 cents.

Toasted sandwich, 15 cents.

Beverages, 10 cents.

Dessert, 10 cents.

The total number of meals served by the dietary department in November was 15,084; in October and September, 16,703 and 16,748, respectively, were served.

The special diet kitchen handles from 10 to 20 special diets daily.

For a recent month, the cost per meal per person (including personnel as well as patients) ranged between 22 and 23 cents, while the raw food cost per meal was 15 cents.

"One of the greatest advantages we have found in central service is the fact that it has eliminated the noise and odors of the diet kitchens on the floors and has released the diet kitchen space for a much needed store space for wheel chairs, etc., says Mr. Baum. "It also eliminates a great deal of the breakage, as all of the dish washing is done in the dish washing room in the basement and one person is responsible.

"We do not find the problem of serving the food hot a serious one, as we can serve the trays on the dummy from the steam table in from one to two minutes direct to the patient. I have noticed when dining in the larger hotels that it takes longer than this for the waitress to serve the hotel guests.

(Continued on page 72)

ASK



the wives of any 10 doctors!



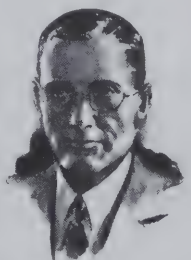
WOMEN, generally, are careful buyers, intelligent buyers. They know values. And this applies to electric refrigerators as well as to finery or food stuffs. Ask them which they would rather have—an electric refrigerator in which the freezing speeds are set by hand, or one that is *fully* automatic with no dials to set—nothing to remember or forget—no danger of freezing the contents of the food compartment? The vote will be unanimous for fully automatic operation. And Kelvinator *alone*, of all electric refrigerators built, has it.

But, this is only one of many notable features Kelvinator offers. Four Zones of Cold; the Frost Chest; the Kold-Keeper; World's Fastest Freezing Speed, are others that make Kelvinator such a completely satisfactory, dependable and economical electric refrigerator.

The **Kelvinator Refrigeration Engineer** in your city will gladly give you the benefit of his experience with and knowledge of electric refrigeration in its many phases, regardless of whether your requirements are water cooling equipment for the hospital or self-contained refrigerators for floor service. Look for his name in the Classified Section of your Telephone Directory under "Refrigeration-Electric". Call him to-day.

KELVINATOR CORPORATION
14246 Plymouth Road Detroit, Michigan

Kelvinator of Canada, Ltd., London, Ontario
Kelvinator Limited, London, England



**A Few of the
Prominent Hospitals
using Kelvinator
Equipment**

St. Luke's Hospital
Boise

Children's Hospital
Cincinnati

Henry Ford Hospital
Detroit

Evanston Hospital
Evanston

Beverly Hills Sanitorium
Knoxville

Methodist Hospital
Madison

Shriners' Hospital
Minneapolis

Physician's Hospital
Platteburg

St. Vincent's Hospital
Portland

Beaumont Hospital
St. Louis



Kelvinator

(441)

Electric Refrigeration for Homes, Offices, Stores, Factories, Etc.

Dietary Chart Tells Englewood Board of Department's Work

Graphic Presentation Kindles Active Interest in All Phases of Institution's Activity; How Food Service Division Is Organized and Operated

By A. E. PAUL

Superintendent, Englewood Hospital, Chicago

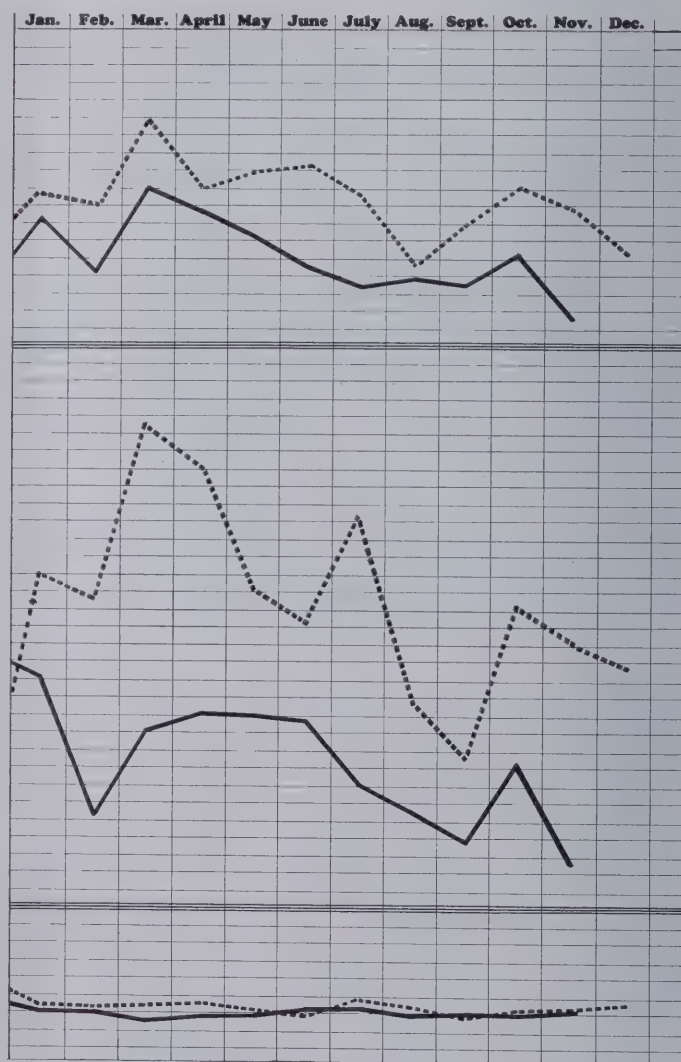
TO keep an ever observing eye on the activities and operations of the various departments in the hospital and to guide the personnel in the economic selection and use of supplies, etc., is one of the major problems of the superintendent. But the most difficult problem of the superintendent is, in my opinion, the putting over to his board of trustees an intelligent and interesting monthly report of the operations of the hospital. This can only be done if the board permits its superintendent to be present at each regular monthly meeting, and if the board is really interested in the operations of the various departments.

I have not in mind at all a board that calls its superintendent into its monthly meeting for 10 or 15 minutes to make a report and then sends him back to his office and continues the meeting without him. Such a board can only expect disastrous results. But, on the other hand, I wonder if it is not true that some hospital boards are more or less disinterested in the hospital on account of lack of effort on the part of its superintendent to make his or her monthly report interesting and illuminating. I have personally experienced the difficulty encountered in trying to do this, but ever since I have developed my graphic chart report on a yearly and monthly comparative basis, I find that my board meetings mean more to me, as well as to each member present, than ever before and that they are becoming more interesting from month to month. Many questions are asked the superintendent and I am grateful to my board for the valuable suggestions these charts have drawn from individual members.

My set of charts contain the activities of the hospital for 1930, in red lines (this does not mean that the hospital was operated at a loss for this year. The red line is only used for comparative purpose.) The activities of the hospital for the year

1931 are shown on the same chart in black lines. For the year 1932 the activities of the hospital will be shown on the same chart in green

lines. The superintendent who will try such a chart will be surprised at the many "Why this?" and "Why that?" questions asked by his board

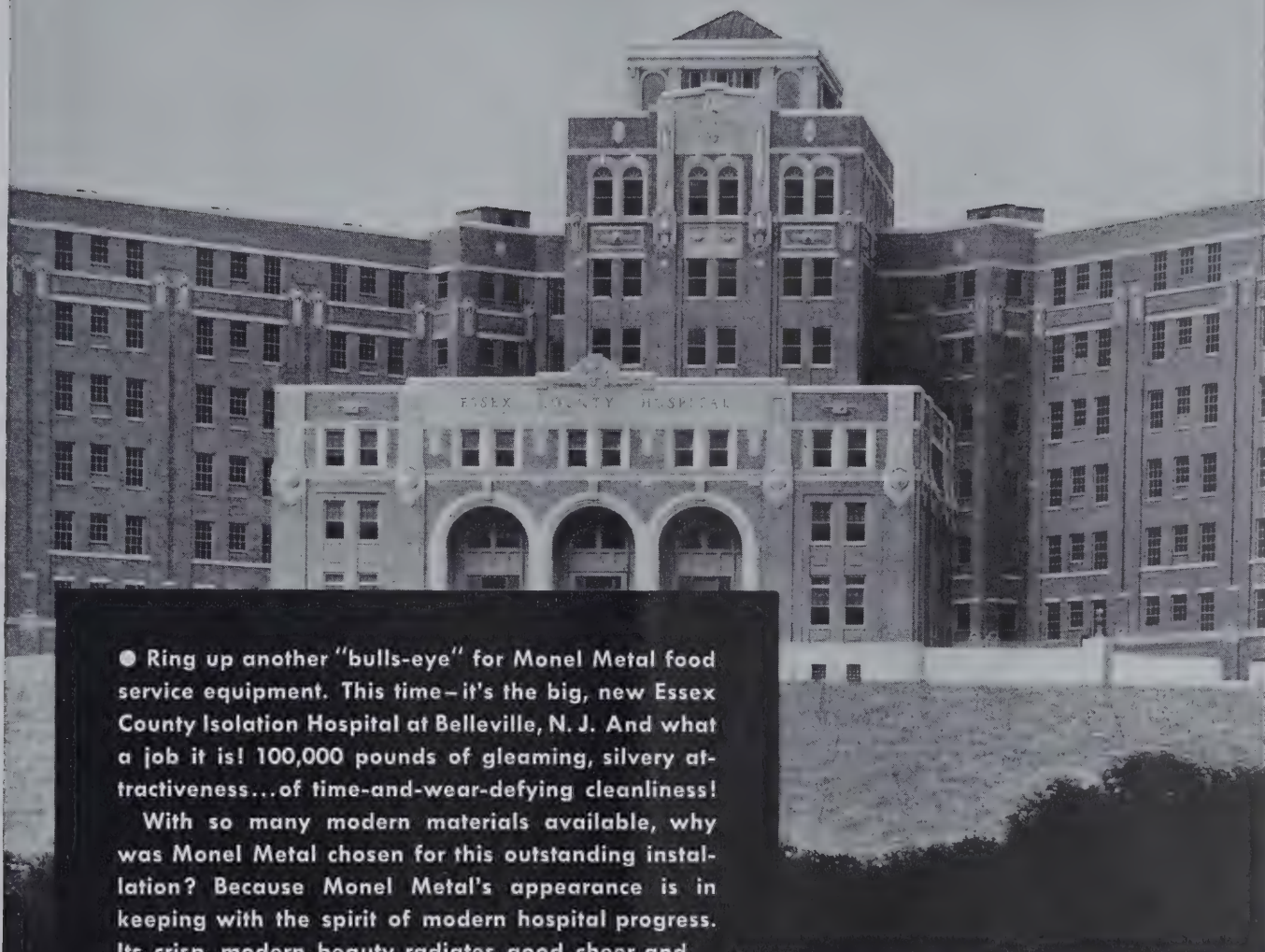


The upper section of this chart refers to number of meals served, the center section to dietary expense, and the lower section to cost per meal. This is part of the dietary chart presented by Superintendent Paul at every board meeting of Englewood Hospital. The figures upon which the chart is based are shown elsewhere in this article.

50 TONS of MONEL METAL

equipment for New Jersey's big

Essex County hospital



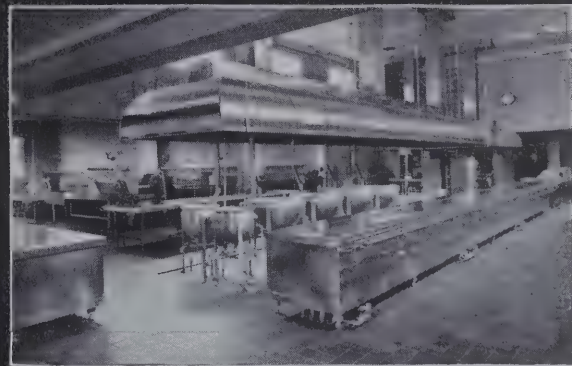
● Ring up another "bulls-eye" for Monel Metal food service equipment. This time—it's the big, new Essex County Isolation Hospital at Belleville, N. J. And what a job it is! 100,000 pounds of gleaming, silvery attractiveness... of time-and-wear-defying cleanliness!

With so many modern materials available, why was Monel Metal chosen for this outstanding installation? Because Monel Metal's appearance is in keeping with the spirit of modern hospital progress. Its crisp, modern beauty radiates good cheer and wholesome cleanliness! And Monel Metal is easy to keep spick and span, for its satin-smooth surface is rust-proof and highly resistant to corrosion.

What's more, Monel Metal is strong as steel, with no coating to chip or crack—nothing to wear out. This rugged metal never loses its silvery lustre—keeping its attractive appearance throughout years of service.

MONEL METAL

Monel Metal is a registered trade mark applied to a technically controlled nickel-copper alloy of high nickel content. Monel Metal is mined, smelted, refined, rolled and marketed solely by International Nickel.



Above—Essex County Isolation Hospital, Belleville, N. J. Architects: Sutton & Sutton, Newark, N. J. Below—This modern kitchen contains 50 tons of Monel Metal food service equipment installed by W. F. Dougherty & Sons, Philadelphia, Pa., and includes Monel Metal-lined refrigerators made by C. V. Hill & Co., Trenton, and Monel Metal Slicing Machines made by the U. S. Slicing Machine Co., La Porte, Ind. The hospital laundry is equipped with Troy Monel Metal Washers.



THE INTERNATIONAL NICKEL COMPANY, INC., 67 WALL STREET, NEW YORK, N. Y.

Here Are Figures From Chart of Englewood's Food Service

The figures upon which the chart (shown on another page) was based are given below. The first column refers to the number of meals served by the hospital; the second to dietary expense, and the third shows the cost per meal for the different months.

January, 1930.....	18,362	\$3,852	20.9c
1931	17,786	3,557	20.0c
February, 1930.....	18,079	3,774	20.8c
1931	16,076	3,170	19.7c
March, 1930.....	20,328	4,530	21.2c
1931	18,589	3,408	18.3c
April, 1930.....	18,561	4,153	22.3c
1931	17,861	3,458	19.4c
May, 1930.....	18,813	3,816	20.2c
1931	17,635	3,452	19.6c
June, 1930.....	19,083	3,719	19.5c
1931	16,873	3,435	20.3c
July, 1930.....	18,225	4,011	22.0c
1931	15,731	3,258	20.7c
August, 1930.....	16,432	3,480	21.1c
1931	15,960	3,176	19.9c
September, 1930.....	17,495	3,332	19.0c
1931	15,791	3,096	19.6c
October, 1930.....	18,558	3,760	20.2c
1931	16,615	3,521	19.9c
November, 1930.....	17,919	3,657	20.4c
1931	14,772	3,027	20.4c
December, 1930.....	16,601	3,589	21.6c

members, and will soon discover that these charts may become a somewhat dangerous proposition unless he has so thoroughly familiarized himself with the meaning of these graphs that he is able to answer questions intelligently.

The size of the charts used at the Englewood Hospital are 36 by 23 inches and are attached to a simple stand made by our carpenter so that they can be seen very plainly from any part of the room. The chart

here reproduced covers the report on the dietary department. At the beginning of the New Year I intend to add about four more charts to my present set. Someone may develop the thought that the compilation of these statistics and the drawing of these graphs requires a great deal of work. My answer to that would be that if the work is properly organized by the superintendent, these charts will be ready for him the day before the regular meeting without

any efforts on his part except the checking of the statistics.

The Englewood Hospital is a 107-bed hospital. The main building was built 25 years ago, and while considerable additional equipment was purchased during the past two years, such as modern, roomy coolers and refrigerators, the general layout and setup of our dietary department can not be considered modern as some day we expect to have it. The dumb waiter, for instance, must be operated by hand.

In addition to the dietitian, the dietary personnel consists of the following:

- Main cook.
- 1 assistant cook.
- 1 night cook.
- 1 vegetable woman.
- 1 pot and pan washer.
- 1 dish washer.
- 1 maid in main diet kitchen.
- 2 waitresses.
- 1 man on part time for dumb waiter, and taking care of floors.
- 4 part time maids in service rooms on floors.

The maids in the service rooms handle the dish washing and the setting up of trays. The trays are served by the nurses.

At ten o'clock in the morning, three o'clock in the afternoon, and eight o'clock in the evening nourishments are served to patients with special consideration to light diet patients and obstetrical patients. At these periods the patients are permitted to choose from the following menu:

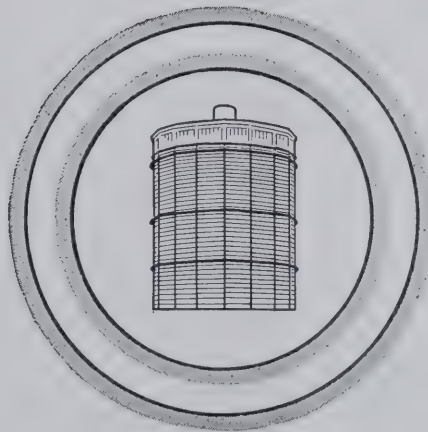
- Chocolate milk.
- Malted milk.

NURSES	PRIVATE ROOM	WARDS	SOFTS	HELP
Sliced bananas with cream	Sliced bananas with cr. or	Sliced bananas with cream	Baked apple and cream	Bananas with cream
Barleyflakes with cream	Baked apple with cream	Barleyflakes with cream	Ralston's and cream	Barley flakes with cream
Pork sausages	Barleyflakes or Ralston's	Pork sausages	Toast	Pork sausages
Toast	with cream	Toast	Coffee, tea, cocoa or milk	Toast
Coffee, tea, cocoa or milk	Pork sausages	Coffee, tea, cocoa or milk	Vegetable soup	Coffee, tea, cocoa or milk
Roast beef with gravy	Toast	Vegetable soup	Mashed potatoes	Roast beef with gravy
Sweet potatoes	Coffee, tea, cocoa or milk	Roast beef with gravy	Buttered carrots	Sweet potatoes
Buttered parsnips	Vegetable soup	Sweet potatoes	Brown, white or rye bread	Buttered parsnips
Ice cream	Roast beef with gravy	Buttered parsnips	Coffee, tea, cocoa or milk	Brown, white or rye bread
Brown, white or rye bread	Sweet or mashed potatoes	Brown, white or rye bread	Cream potato soup	Ice cream
Coffee, tea, cocoa or milk	Parsnips or carrots	Coffee, tea, cocoa or milk	Toast	Coffee, tea, cocoa or milk
Cream potato soup	Asparagus salad	Cream potato soup	Custard	Cream potato soup
Chicken salad	White or rye bread	Chicken salad	Coffee	Chicken salad
Blackberry cobbler	Ice cream	Blackberry cobbler or		Blackberry cobbler
Brown, white or rye bread	Coffee, tea, cocoa or milk	custard		Brown, white or rye bread
Coffee, tea, cocoa or milk	Cream of potato soup	Coffee, tea, cocoa or milk		Coffee, tea, cocoa or milk
	with crackers	Brown, white or rye bread		
	Chicken salad			
	White or rye bread			
	Blackberry cobbler or			
	custard			
	Coffee, tea, cocoa or milk			

The foregoing menus represent typical meals for personnel and patients of Englewood Hospital, the cost of which, as figures elsewhere on this page show, ranges around 20 cents a meal.

Gas

FOR HEAT
WHEREVER
HEAT IS
NEEDED



From the jeweler's tiny torch to the mighty blast furnace. The free book "Gas Heat in Industry" tells the whole story. Send for it.

AMERICAN *Gas* ASSOCIATION

420 Lexington Avenue, New York

Egg nog.
Orange juice.
Fruit juice.
Any amount of plain milk.
Soda crackers
and

Toast, for obstetrical cases, if it is desired.

The service in general is so organized, in spite of some obstacles and difficulties, that there is practically no delay in getting the food to the patient from the main kitchen and the various service rooms in the shortest period of time. We have few complaints from patients and doctors. Whenever a complaint is registered (and patients are always invited to make known their dislikes) every effort is made to correct it.

Our dietary department is under the direction and supervision of a graduate dietitian. There is very close co-operation among the dietary department, the medical staff and the clinical laboratory. All doctors' orders pertaining to patients' diets are considered and carried out as regular prescriptions.

Liquid diets, soft diet, and light diet are clearly defined and copies thereof are posted in conspicuous places in all diet units. Special attention is given to general diets, and doctors' orders are strictly observed. Obstetrical cases and other patients who come under the classification of the general diet are visited daily by the dietitian and have the privilege to select from a liberal menu. If the doctor permits, these patients are not restricted to certain variety of food. Special attention is also given to obstetrical patients who desire another helping of cereals, etc.

All purchases are made by the superintendent of the hospital with very close assistance of the dietitian. With the exception of a few items, all purchasing for the dietary department is done on a competitive basis. All bills are paid at the end of each month and quite a substantial discount is effected. Close watch is kept in order to keep waste at its minimum. All of these things combined with the fact that food is cheaper today than it was a year or two ago, accounts for our low cost per meal.

The food is well prepared and all trays are daintily served. Meals to doctors, interns, nurses and employes are served in separate dining rooms in plate service style. Our dietary personnel is selected from the standpoint of health. Group conferences are held in which the Englewood "Hospital Guide" is used as a text book.

The department's motto is "cleanliness is next to Godliness," and no effort is spared in order to do justice to this motto. It is constantly pointed out to the personnel, regardless of the nature of the individual's work, that each one is playing a very important part in the hospital's program.

The entire personnel punches a time clock to avoid tardiness.

Small metal plates, reminding each individual not to waste gas, steam, hot water, and electricity are conspicuously placed in order to effect the greatest economy possible.

By glancing at the chart reproduced here, one can easily see that nearly every board member present at the June meeting wanted to know why the cost per meal this year was greater than last year. The same situation existed during the month of September. This was satisfactorily explained by the superintendent. Such questions asked by individual board members are invaluable in promoting good will and interesting support on the part of the board members.

Besides the dietary chart, the board is shown the following graphs at their monthly meetings:

Patients admitted, average percentage of occupancy, patient days, deaths.

Gross income, operating expense, per capita income, per capita cost.

Operating profit, interest on investment, donations.

Laboratory, house income, out income, expense.

Number of employes, graduate nurses, student nurses, payroll.

Direct charity, charity difference in per capita cost, accounts receivable, cash in bank.

Assets, liabilities, net worth.

X-ray, house income, out income, expense.



Lake View Hospital Food Service

(Continued from page 66)

"One of the greatest advantages we have found in our service is the possibility of supervision of each tray as it goes to the patient and as it returns from the patient's room. If this work is done conscientiously by the dietitian she is absolutely certain that the patient gets satisfactory service."

Edna Langdon, dietitian, thus comments:

"Every system of food service has its advantages and disadvantages. With the central service one of the first obstacles to overcome is the cooling of food. With the cooperation of the nursing personnel, 100 trays are served in from 40 to 45 minutes. When the dishes are well heated and covered, the cooling of food is not a great source of worry.

"The central service brings a saving to the hospital both in food and help. There is no excess of food or nourishment sent to the floor, as there is with the floor kitchen service, only that ordered for each patient. The kitchen gives 24-hour service for nourishments. Another advantage is that the food is handled but once, as handling does not tend to improve the flavor or appearance. The patients being served before the nurses enables the waitresses to assist with the tray service, thus eliminating the necessity of extra tray girls."

NO CHRISTMAS GIFTS

No Christmas gifts were exchanged last month by graduates employed by St. Elizabeth's Hospital, Chicago. Instead the money was turned into a fund to help the Sisters provide Christmas baskets for the poor. For some time prior to Christmas the Sisters had been distributing between 40 and 50 such baskets daily.

MAKES RADIO APPEAL

An unusual use of the radio recently was made at the request of W. D. Barker, superintendent, Georgia Baptist Hospital, Atlanta, to obtain blood donors for a child patient in need of transfusion. Within a short time after the appeal had been broadcast 75 donors volunteered and the life of the child was saved.

81 PER CENT BELOW COST

St. Mary Hospital, Cincinnati, recently announced a new record for charity service. During November 81 per cent of the total service was in free or part-free classifications. The hospital reported 614 full pay days, 837 part-pay days and 1,805 free days. Of 362 patients treated during the month only 57 were full pay.



MODERNIZING DUMBWAITER SERVICE

Peelle Dumbwaiter Doors speed hospital service. Their instant, counterbalanced opening and closing action is easily controlled. Quiet in operation because of their anti-friction construction. Sanitary because their metal surface is easily cleaned, no unnecessary trimming, nooks or crevices to collect and hide dirt. No corners, nor sharp edges to catch on clothing. Opening and closing within the shaft-way, they save passage space. Their operation is fault-proof and their longer service is certified by years of proven performance. Peelle Doors are the modern result of over twenty-five years of specialized experience. More than 200 foremost hospitals and institutions are equipped with Peelle Doors. Write for catalog.

THE PELLE CO., Brooklyn, N. Y.

*Boston, Chicago, Cleveland, Philadelphia, Atlanta,
San Francisco, Dallas, and 30 other cities.*

Made by the makers of Peelle Freight Elevator Doors

**PEELLE
DUMBWAITER
DOORS**

QUALITIES *of a* **GOOD COFFEE**

*uniform
and
dependable
freshly ground
roasted
always
freshly
always*

Continental Coffee measures up to all these requirements. Over 9100 restaurants serve it daily . . . Learn for yourself how this specially blended coffee stays dependably good, pound after pound, and cup after cup. Our trial offer makes it easy . . . Order thirty, twenty or ten pounds. Use ten percent for a quality test. If you are not satisfied, return the remainder at our expense, and you will owe us nothing. Fair enough?

**SEND FOR TRIAL ORDER
DO IT TODAY**

Continental Coffee Co.
INC.

"The Coffee with the Delicious Aroma"
IMPORTERS ROASTERS
371-375 W. Ontario St., Chicago, Ill.

Monthly Report Gives Details of Food Service, Costs

Baroness Erlanger Hospital Department
Presents Information as to Volume of Work
Done and Expenses of Dietary Division

By MARY T. PEACOCK

Dietitian, Baroness Erlanger Hospital, Chattanooga, Tenn.

THE Baroness Erlanger Hospital is conducted by the city and county, and being the only general hospital in Chattanooga, it serves the elite as well as the poor, who make up the bulk of its patients.

Rated at 200 beds, it frequently must use cots and occasionally its census reaches the 215 mark.

The dietary department is headed by a dietitian, with no trained assistants, and so the necessity of using the main kitchen for four general types of food service has the advantage of enabling the dietitian to inspect each tray before it goes to the patient. Besides special diets and trays for private patients, the main kitchen prepares the food for ward and semi-private patients and for the help. The meals of hospital executive personnel, student nurses and medical staff are prepared in the nurses' hall by a chef, and waiter service is used in the dining room there.

In the main hospital building are the food storerooms and large refrigerators.

The dietitian plans all menus and purchases the food.

The present dietitian has been in charge since December, 1930, during which time a number of changes in organization and service were put into effect. An important one was the preparation of house diet lists, which were published in full in December HOSPITAL MANAGEMENT. Another change which has facilitated service has been the use of different colored tags to indicate the diet for a tray. This color scheme also was described in the article mentioned.

From a dietetics standpoint, by far the most important step taken by the department during the past year has been the organization and development of special diets. Although the hospital is 40 years old, little attention was paid to special diets until the present executive was placed in charge of food service, and while the total number of special diets handled to date, 187, is trivial compared with

the work of many hospitals, yet it represents a great forward step. Any one who has not had the experience of starting such an activity under such conditions can hardly imagine the difficulties and problems, one of the chief of which was the lack of special equipment. Today, however, special diets are routinely prepared and their use is steadily increasing.

It has been suggested that the monthly reports of the dietary department are worth comment. Undoubtedly every executive dietitian makes such reports, but since the writer has been requested to comment on hers, it might be said that they include the following:

What About This?

The American Dietetic Association has worked out a curriculum for training hospital dietitians and has approved a large number of hospital dietary departments as capable of giving this training. This activity of the A. D. A. has the approval of the American Hospital Association and of other groups. For this reason, hospital administrators should familiarize themselves with the program and should take advantage of opportunities to obtain dietitians whose hospital preparation has been in accordance with the A. D. A. plan.

All of this is an introduction to this statement:

A dietitian in a hospital, approved for dietitian training, recently reported that an applicant for such training, whose qualifications, in the opinion of the first dietitian, did not fit her for this training and who was rejected as a student, immediately obtained a position in another hospital as an executive dietitian.

Salaries for month.
Supplies.
Food.
Fuel.
Replacement and repair of equipment.
Miscellaneous.
Total expenditures of department.

For one recent month these items totaled as follows: Salaries, \$722.98; supplies, \$32.54; food, \$3,141.07; fuel, \$48.86; replacements, \$1.29; miscellaneous, \$191.92; a total of \$4,138.66.

The volume of service performed by the department is estimated in the monthly report for that month on the following basis:

Total patient days, 4,854.
Total personnel days, nurses' hall, 3,030.
Total help days, 1,261.

This is a grand total of 9,145 patient, personnel and help days, or, allowing three meals daily, represents a total of 27,425 meals served.

On this basis, the following costs were arrived at and are included in the monthly report for that month:

Daily per capita cost of food for all persons served, 30 cents.
Per capita cost per meal, 10 cents.
Per capita cost of running department per day, 45 cents.
Per capita cost of running department per meal, 15 cents.

During the month analyzed the dietary department served plate lunches at two staff conferences, with a total of 41 physicians present, furnished 17 meals for workmen, recommended by the social service department, and furnished cocoa for a party of 75 girls. Acknowledgment of a gift of 220 loaves of bread from a local bakery was made in the report.

The method of determining patient and employe days for the month and multiplying by three is used for the reason that it is considered most satisfactory. Every dietary department must furnish food that cannot be counted as "meals." For instance, student nurses come off duty at 10 p. m. nightly and receive either milk or cocoa, crackers and fruit. The nurses always turn to us for food for

Can Quality Survive

a period of

Depression?

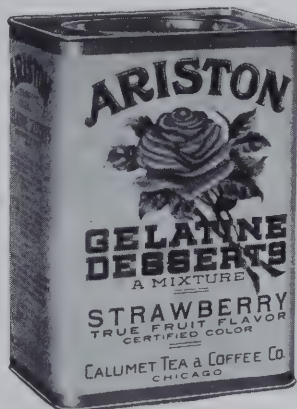
The Answer is ---

CERTAINLY!

In food products, as in other commodities, the manufacturer who places high value upon a well-earned reputation keeps up his *Standard of Quality* and lets the prices fluctuate as costs vary.

At this time some buyers are tempted to yield to low price, at the sacrifice of quality, but the wise buyer keeps quality first in his mind, and pays a reasonable price for quality products.

Ariston Gelatine Desserts



The 6-lb. Package
(Makes 5 Gallons)

have been the *Standard of Quality* for 25 years and never have they been cheapened to meet price competition. The price varies with the market cost of the ingredients, but never has the *Quality* changed.

These Desserts Contain the Same

*Superior Grade of Gelatine
Carefully Selected Colors
True Fruit Flavors*

**Yesterday — Today — Tomorrow
You Can Depend Upon Them!**

WHEN BUYING GELATINE DESSERTS—FIGURE "COST PER GALLON"

ARISTON FOOD SPECIALTIES
STANDARDIZED --- FOR INSTITUTIONS
Gelatine Desserts — Baking Powders — Coffees and Coffee Cereals — Teas and Tea Bags — Cocos and Chocolate Extracts and Flavors — Spices and Herbs — Pudding Powders — Marshmallow Topping — Magic Cleansing Solvent
Calumet Tea & Coffee Co. 409-411 W. HURON ST. CHICAGO -- ILL.

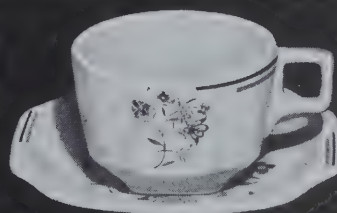
SOMETHING



New

IN HOSPITAL CHINA

The
McNicol
Paramount
Shape



THE most amazing development in vitrified china the hospital, institutional and hotel field has seen in years! New in shape—new in design—new in color—the new McNicol Paramount Shape has the same uniform texture, the same even color and super-durable glaze that has made McNicol China the standard of quality plus long wear.

For hospital service of the better type, the McNicol Paramount Shape excels any china made today. Made by the tunnel kiln process, its pleasing, warm, mellow ivory tone, its attractive modern patterns and unique, square shape will add distinction to your service—make your institution stand out in the minds of your patrons as the place with the beautiful, "different" chinaware.

Your dealer has the new McNicol Paramount Shape or will get it for you in various decorations. Ask him about it!

The

D.E.McNICOL POTTERY Co.

of West
Virginia

CLARKSBURG . W. VA.

McNICOL CHINA

We Want You to TRY

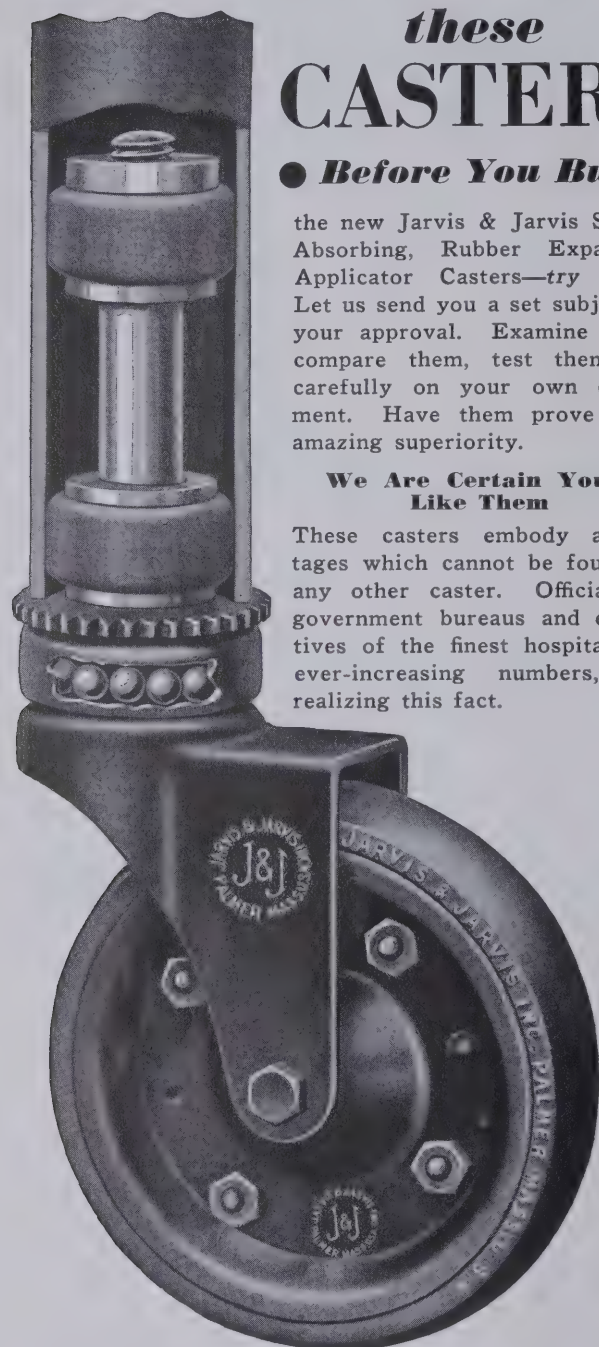
these CASTERS

● Before You Buy--

the new Jarvis & Jarvis Shock-Absorbing, Rubber Expanding Applicator Casters—try them. Let us send you a set subject to your approval. Examine them, compare them, test them out carefully on your own equipment. Have them prove their amazing superiority.

We Are Certain You'll Like Them

These casters embody advantages which cannot be found in any other caster. Officials in government bureaus and executives of the finest hospitals, in ever-increasing numbers, are realizing this fact.



● Here are a few more of the hospitals recently equipped with J. & J. Shock-Absorbing Casters:

Jersey City Medical Center, Jersey City, N. J.; U. S. Marine Hospitals; U. S. Veterans Hospitals; Mt. Sinai Hospital, New York, N. Y.; Margaret Hague Maternity Hospital, Jersey City, N. J.; Orange Memorial Hospital, Orange, N. J.; Moody Hospital, Dothan, Ala.; Springfield Hospital, Springfield, Mass.

Try a Set and Be Convinced

JARVIS & JARVIS, Inc.

Complete Line of Casters and Trucks for Every Hospital Need

102 S. Main St. Branches in All Principal Cities [Palmer, Mass.]

their parties. The board or some other group occasionally may be served refreshments, too.

Possibly some comments on weighed trays would be of interest. I visited for one morning in Sydenham Hospital, New York, and I decided then that if ever I was thrown upon my own resources I would adapt Dr. Levy's method, at least for a tryout. I recalculated all my figures from Bulletin No. 28, U. S. Department of Agriculture, and checked them against Dr. Levy's. Some northern dishes I did not include and some southern dishes I entered—turnip greens, for instance.

On all menus for general use all kitchen people understand that anything in parenthesis is intended for soft trays. All people working in the kitchen for the hospital are required to know our six types of house diets and the foods which may be served upon them. In case of error the person making the mistake is referred to the diet sheet on the bulletin board and he sees for him or herself. Little trouble is experienced here. Most of the cooks and tray girls know those diets very well.

51,000,000 Meals Served

"Fifty-one million, one hundred and forty-nine thousand, eight hundred and one (51,149,801) meals were served by the 28 institutions in the Department of Public Welfare of Illinois during the fiscal year ended June 30, 1931, at an average cost of six and seventy-three hundredths cents (6.73) per meal for food," says a recent issue of the Welfare Bulletin. In arriving at the total cost of food, the market value of farm, dairy and garden products of the institutions is included.

"The largest number of meals served, 5,341,944, was at the Joliet penitentiary. The largest number served at hospitals, 4,827,100, was at Kankakee, followed closely by Elgin with 4,429,310, and Chicago with 4,308,068.

"Following is a statement by institutions.

	Number of Meals	Cost of Food per Meal
Elgin State Hospital.....	4,429,310	\$.0742
Kankakee State Hospital.....	4,827,100	.0708
Jacksonville State Hospital.....	3,889,214	.0680
Anna State Hospital.....	2,468,498	.0531
East Moline State Hospital.....	2,285,519	.0603
Peoria State Hospital.....	3,214,609	.0507
Chester State Hospital.....	500,217	.0886
Chicago State Hospital.....	4,308,068	.0674
Alton State Hospital.....	1,867,748	.0681
Dixon State Hospital.....	3,557,965	.0578
Lincoln State School and Colony....	3,274,630	.0543
Illinois School for the Deaf.....	442,233	.0942
Illinois School for the Blind.....	84,464	.0721
Industrial Home for the Blind.....	117,847	.0983
Illinois Soldiers' and Sailors' Home...	683,182	.1508
Soldiers' Widows' Home of Illinois...	143,862	.1279
Soldiers' and Sailors' Orphans' School.	836,310	.0714
Illinois Eye and Ear Infirmary.....	272,634	.1042
State Training School for Girls.....	707,142	.0933
St. Charles School for Boys.....	1,016,611	.1315
Illinois State Penitentiary.....	5,341,944	.0664
Southern Illinois Penitentiary.....	2,697,627	.0691
Illinois State Reformatory.....	2,673,885	.0627
Illinois Women's Prison.....	164,098	.0948
Illinois State Farm.....	644,759	.0637
Manteno State Hospital*.....	335,625	.0808
State Reformatory for Women.....	32,195	.1091
Research and Educational Hospital...	332,505	.1223
Total	51,149,801	.0673

*December, 1930-June, 1931, inclusive.

"Included in the above are all meals served to inmates, patients, officers, employees, traveling agents for the State, etc."

Over a Thousand Hospitals Enjoy

FEARLESS DISH- WASHER SYSTEM

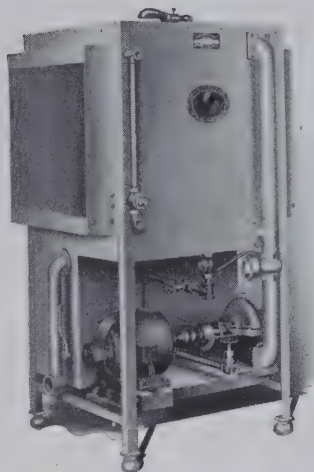
ECONOMY

... Ask them why, and they'll tell you their machine "never-has-to-be-serviced," can be operated by inexperienced help, and uses less soap, water and power. Besides your dishes are kept as free from bacteria as your surgeons' instruments.

Tell us the number of meals served, amount of space available; and you will receive a service plan, with a complete description of the FEARLESS DISH-WASHER best adapted to your purpose.

This will obligate you in no way whatsoever.

Write anyway for descriptive folder showing all Models, and ask your Supply House about FEARLESS Dependability.



Fearless Dishwasher Co., Inc.

"Pioneers in the Business"

175-179 R Colvin St.

Rochester, N. Y., U. S. A.

Branches at New York, Chicago and San Francisco

... MAFORCO ...
is the measure of efficiency in
your Refrigerator Equipment



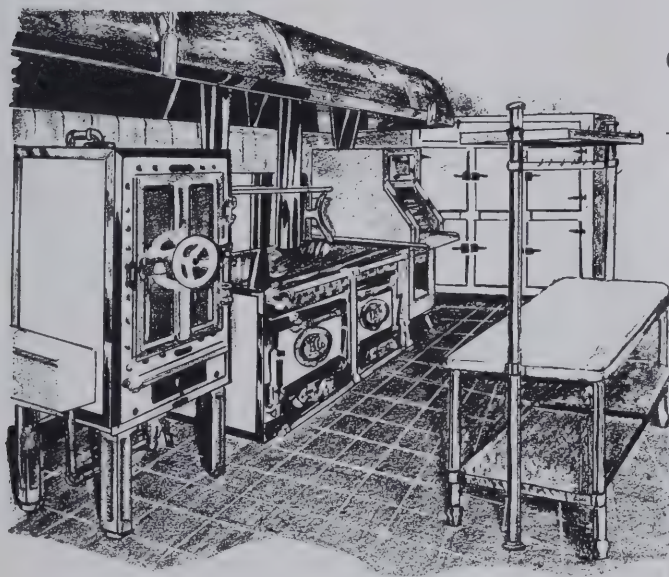
HOSPITAL authorities now standardize on scientifically constructed hospital refrigerator equipment as designed by Maforco. This equipment permits maximum storage capacity—reduces first and carrying cost by avoiding expensive built-in work.

Write for Specification Bulletin No. 32.

MARKET FORGE COMPANY

EVERETT, MASS.

Branches in Principal Cities

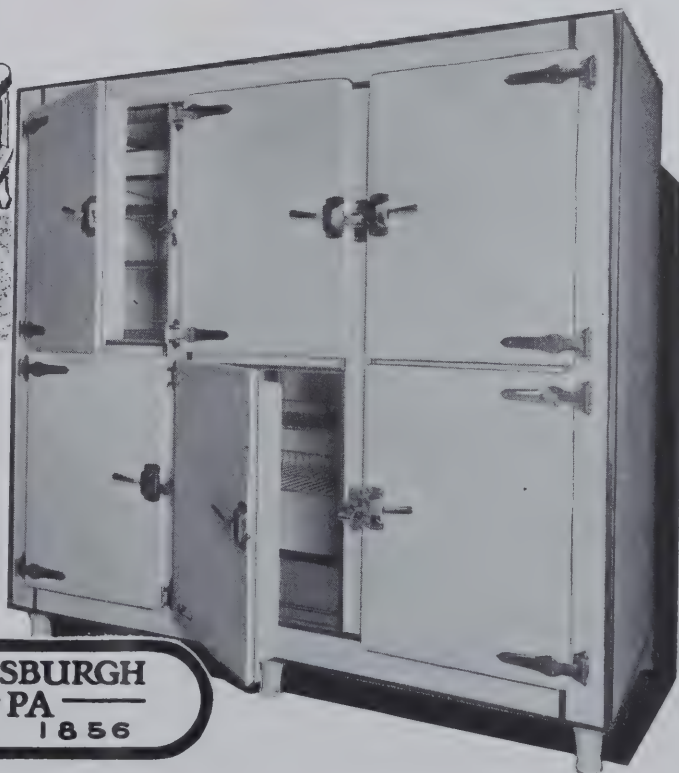


"This is Replacement
Year"—Gloekler

.. Time to replace worn or obsolete equipment--if budgets do not permit complete new equipment, get an item at a time and carry out your modernization program.

Consult

GLOEKLER PITTSBURGH
PA
MANUFACTURERS SINCE 1856



Stinting the Pharmacy?

● In allotting appropriations to your different departments two facts are sometimes overlooked in connection with the pharmacy:

1. *Successful treatment hinges just as vitally upon the efficacy of drugs, as upon such other factors as correct diagnosis, good nursing care and pleasant environment.*
2. *The average total cost of a pharmacy, including salaries, represents only about 3 per cent of total maintenance cost.*

● Few hospital executives sanction the building of additions which do not reflect the latest ideas in design, layout and beauty. Few would not specify the best in apparatus and equipment. Yet executives frequently turn to the drug department, so vital to the institution, as the place to begin paring down operating costs to meet deficits.

● Therapeutic agents are the physician's weapon for battling disease. His prescription is his request for what in his judgment, born of experience, is the most effective agent for fighting each particular case. When your pharmacist is obliged to tell him "We do not stock that remedy," the physician is without doubt handicapped and is obliged to use something in which he has less faith.

● Give your drug department the fair deal it deserves. Use of less efficient remedies because of cheaper price is not economy in the long run and strikes at the very purpose for which all institutions are erected. Stock only the best in medicines—and that does not apply only to Roche products.

Allonal, Digalen, Pantopon, and other Roche "Medicines of Rare Quality" are sold to institutions at special low prices, below what you would often pay for commonplace remedies.

Write for 1932 special price list to our
Hospital Sales Department

HOFFMANN-LA ROCHE, Inc.

Nutley, New Jersey

U. S. HOSPITAL FOOD COSTS

The latest annual report of the United States Public Health Service presents the following tabulation of patient day costs, showing the proportion of this cost that went for food, salaries, and for other expense. The average cost per patient day for food was 54 cents, ranging from a high of 65 cents to a low of 42, in the general hospitals of the Service. It will be noted that the hospital with the highest patient day cost, \$4.76, had a daily food cost of 50 cents, less than average, while the hospital with the lowest per capita cost, \$2.93, spent 51 cents per patient day for food.

The complete table presented in the report referred to is reprinted below:

General Hospitals	—Cost Per Patient Day—				
	Relief days	Total	Salaries	Food	Other
Baltimore, Md.....	75,766	\$4.05	\$2.27	\$0.52	\$1.26
Boston, Mass.....	56,205	3.98	2.25	.50	1.23
Buffalo, N. Y.....	29,254	4.76	2.52	.50	1.74
Chicago, Ill.....	58,808	4.53	2.39	.59	1.55
Cleveland O.....	76,281	4.17	2.67	.51	.99
Detroit, Mich.....	47,817	4.08	2.45	.53	1.10
Ellis Island, N. Y.....	163,799	4.55	2.44	.57	1.54
Evansville, Ind.....	25,488	2.93	1.44	.51	.98
Key West, Fla.....	32,459	3.89	1.63	.62	1.64
Louisville, Ky.....	30,248	3.69	1.81	.48	1.40
Memphis, Tenn.....	23,185	4.30	1.86	.56	1.88
Mobile, Ala.....	34,505	3.70	2.19	.50	1.01
New Orleans, La.....	141,294	3.33	2.05	.47	.81
Norfolk, Va.....	81,656	4.26	2.12	.60	1.54
Pittsburgh, Pa.....	31,926	4.40	2.23	.64	1.53
Portland, Me.....	26,715	4.41	2.29	.65	1.47
Port Townsend, Wash.....	35,663	3.20	1.72	.53	.95
St. Louis, Mo.....	32,479	4.02	2.03	.42	1.57
San Francisco, Calif.....	103,010	4.39	2.33	.59	1.47
Savannah, Ga.....	58,816	3.67	1.94	.52	1.21
Stapleton, N. Y.....	105,222	4.25	2.43	.48	1.34
Vineyard Haven, Mass.....	11,133	3.86	1.59	.60	1.67
Per diem cost for general hospitals		4.07	2.22	.54	1.31
Tuberculosis Sanatorium, Fort Stanton, N. M.....	90,574	3.94	1.41	.77	1.76
Leprosarium, Carville, La...	116,278	3.92	2.14	.52	1.26
Per diem cost for all hospitals		4.05	2.16	.55	1.34
Relief days for all hospitals, 1,488,581			Cost..	\$6,025,815.42	

DIETARY DEPARTMENT SALARIES

A compilation by the Hospital Council of Essex County, Newark, N. J., Frank Van Dyk, executive secretary, showed that in a group of hospitals, the amount spent for salaries in the dietary department was 11.9 per cent of the total payroll. The payroll was divided as follows, each group representing the percentage of the whole indicated:

Nursing, medical and surgical services, 42.9.
Housekeeping and laundry, 16.6.
Administration, 14.2.
Dietary, 11.9.
Plant maintenance and repair, 10.4.
Social service, 4.0.

In the division, on a percentage basis, of expenses, food ranked second to payroll and far ahead of other divisions. This tabulation was represented as follows:

Salaries, 52.2.
Food, 20.3.
Fuel, plant maintenance and repairs, 9.7.
Drugs, medical and surgical supplies, 8.3.
Household supplies, linens, etc., 4.3.
Administration and other overhead cost, 5.2.

VOLUNTARY HELPERS

Mary T. Peacock, dietitian, Baroness Erlanger Hospital, Chattanooga, Tenn., like many other executives, takes advantage of voluntary help whenever opportunity offers. This hospital recently placed attractive table lamps on eight tables in the dining room. The raw material was purchased by income from the sale of garbage, and the wood stands were turned out by the manual training class of the high school, according to a design furnished by Miss Peacock. The hospital "handy man" finished the lamps and the dining room has profited by a most attractive decoration. Miss Peacock also persuaded the high school commercial class to mimeograph the weighed diet charts of the department.



BUILDING superintendents endorse the economy and durability of ZAPON (O. B. S.) WALL LACQUER ENAMEL #3742. They have discovered that during and after application there is no objectionable odor—one of the outstanding features of this particular product.

They have further discovered that it dries quickly and dust-free after application, and after drying it remains impervious to dust.

They have discovered that it can be washed indefinitely without affecting the surface and that even grease can be removed without spoiling its appearance.

They have discovered, that in the long run—it costs less than any other type of wall finish, and that, when washed regularly, it looks as good after three or four years, as when first applied.



"The Standard of Quality Since 1884"
THE ZAPON COMPANY
 A Subsidiary of Atlas Powder Company
 Stamford Connecticut

COMPLETE PRIVACY—INSTANTLY, SILENTLY
 with

DAY'S CUBICLE CURTAIN EQUIPMENT

Hospitals all over the world use this modern equipment because it fills their need for flexible, instant and silent screening. Its exclusive features enable the curtain to glide easily around corners and past all suspension points on silent felt wheel roller bearing hooks.



The curtains were perfected after long experimenting, with the co-operation and advice of eminent hospital authorities. They are sunfast, tubfast and woven to withstand the most severe hospital laundering and sterilization. And they are obtainable in cheerful, attractive colors.

*We shall be pleased to supply
 further information on request.*

H. L. JUDD COMPANY, Inc. HOSPITAL DIVISION
 Since 1817
 87 Chambers Street New York City

No More Leaky Ice Caps!



*No Washer to Lose
 No Straying Top*

WHEN you *must* use an ice cap *quickly*—a lost washer is more than annoying; it may distress the patient with a leaky cap. And if the top is gone, the ice cap is useless!

That cannot happen with the new Stanley Regal Ice Cap. *It is washerless.* Instead, Stanley uses a special patented gasket, moulded to cling to the neck firmly, so it can't work loose; extra durable to seal water-tight always.

And Stanley's patented top *can't go astray.* Fastened with a swivel ball chain, it's right there whenever you want it! Braced aluminum won't collapse.

Brass neck is rustproof, crush-resistant. Bottom of cap opposite neck is reinforced to prevent sharp ice points from cutting through.

New, original, Stanley Regal Ice Cap is built to Stanley's professional standards. Hand-made of heavy red rubber. Guaranteed for two years against defects. For long, dependable service, it's ice cap *economy!*

*Cut down ice cap costs—write
 for detailed description today.*

STANLEY SUPPLY COMPANY
 Hospital Supplies and Equipment
 120 E. 25th Street New York

Stanley
 for
 Professional
 Standards

Hints for Operation of a Central Supply Room

By Helen Mead, R. N.
Mary Immaculate Hospital, Jamaica, N. Y.

BY a central supply room we mean a single unit for issuing all sterilized supplies as well as most other equipment used in the care of patients. The facilities of the central supply room may easily be made available to the out-patient department as well as to the hospital. The function of the central supply room is three-fold—storing, sterilizing and issuing. The degree of success of its operation is a matter of life or death to many patients. The most excellent surgery, the most expensive and elaborate operating room equipment and the most careful nursing technique can be set at naught by poor sterilization.

The central supply room should be centrally located and near one of the general elevators if it has no dumb-waiter of its own. A poorly located room means the loss of many hours of valuable time of personnel and nurses. While, of course, the size of the central supply room will vary with the size of the hospital, in any case the unit should have assigned to it space sufficient to admit of convenient circulation of personnel. It should have more than ordinary advantages of light and air since some will be confined to its limits eight and ten hours during the day. The proximity of large sterilizers with the resultant uncomfortable temperature is an additional reason for extra precautions for the health of the personnel.

The central supply unit should consist of two rooms, one for unsterile supplies, the other for the sterilized articles. They may conveniently be separated by the partition containing the sterilizers. A most rigid and careful system should be adopted for transferring articles from the unsterile to the sterile room. Identifying Mike from Ike is easy compared to trying to tell sterile from unsterile goods by any difference in appearance. The unsterile room should be equipped with closets of varying size, hot and cold water and a hot plate. In the sterile room the lower cupboards may well be replaced by bins as the more convenient receptacles for small combines, etc. It is false economy of the worst sort to purchase cheap sterilizers. They can only result in frequent and expensive repairs and the creating in the personnel of dispositions as hot as the sterilizers themselves.

The director of the central supply room should be a graduate nurse. Only she can appreciate the importance of perfect sterilization. The nurse should be especially trained for the work and through a representative of the manufacturers learn all the details of the mechanical equipment. It is an excellent plan to have her supervise all sterilizing apparatus in the hospital. The engineer may be most faithful and efficient, but he just does not appreciate the havoc that can come from one little germ getting out of bounds. It is, of course, strongly to be urged that every student nurse be assigned as an assistant in the central supply room during a period of her course that she may be impressed with the importance of sterilization and learn the method of its attainment. Helpers also may be employed for cutting, folding and wrapping according to the amount of work to be done and the number of students available. However, only one person, and that the director, should actually operate the sterilizers. They are complicated and delicate apparatus and the more that handle them the more the likelihood of breakage or accident.

From a paper before 1931 Conference, American College of Surgeons.



Make Graduation a Lesson In Thrift

Many professional nurses first learned the economy of quality thru their purchase of SnoWhite Tailored Uniforms at graduation time. Thus the first buying experience of their career taught them that cost-per-year is the only true measure of uniform economy.

The same opportunity is open to 1932 classes. Write today for the New Style Booklet and special offer to graduating classes.

SnoWhite Garment Mfg. Company
946-948 N. 27th St. Milwaukee, Wis.

SNOWHITE

SnoWhite Garment Mfg. Co.,
946-948 N. 27th St., Milwaukee, Wisc.

Gentlemen: Our graduating class is interested in thrift. Send your booklet and special offer.

Name

Address

City..... State.....

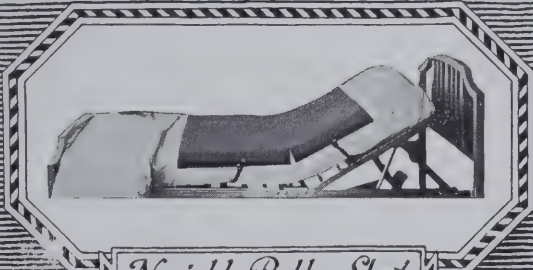
Hospital

TAILORED UNIFORMS



Sealing the Name identification necklace on baby—to remain there through washing, dressing and treatment—until cut off by mother. Always visible. *Write for sample of this NURSERY NAME NECKLACE.*

J. A. DEKNATEL & SON, INC.,
96th Ave., Queens Village (L. I.), New York



Norinkle Rubber Sheets

More Economical

Next to the fact that Norinkle Rubber Sheets cannot wrinkle and cause bed discomfort to the patients, the most important feature they offer is economy. Under average conditions a Norinkle Rubber Sheet will last from 5 to 7 years. Descriptive folder on request.

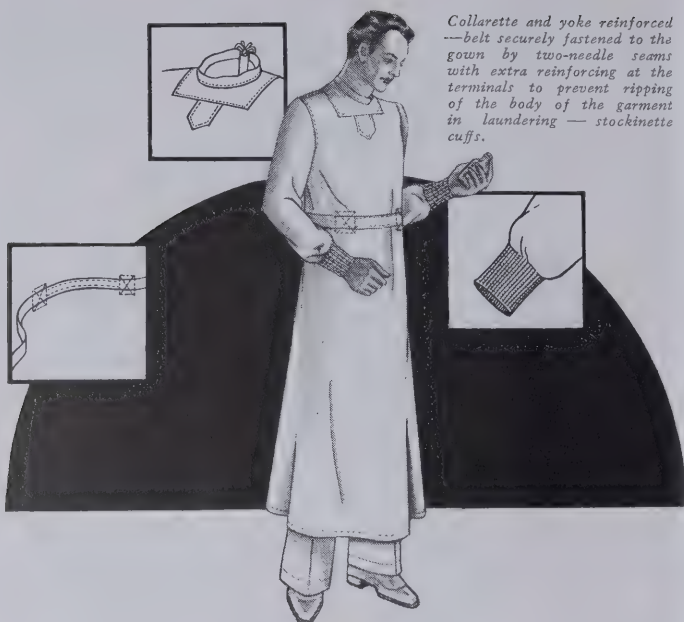
HENRY L. KAUFMANN & CO.
301 Congress St., Boston, Mass.



The gaunt plateau that turns the course of the Yssel river sharply northward also changed the course of humanity. For, here, on the lonely heath that surrounds Deventer, toward the end of the fourteenth century the young man Gerard Groote was accustomed to wander, a dog and a book his only companions.

Out of the solitude of the "Barren Meadow" came ideas that were to result in a momentous religious movement and revival of learning that was soon to spread over Western Europe and to be carried into the New World. Though he himself had no active part in Nursing, as founder of the Brotherhood and Sisterhood of the Common Life, Groote strengthened the arm that held the torch of Service high in a trying period.

WILL ROSS, INC., WHOLESALE HOSPITAL SUPPLIES
779-783 No. Water Street Milwaukee, Wisconsin



Collarette and yoke reinforced—belt securely fastened to the gown by two-needle seams with extra reinforcing at the terminals to prevent ripping of the body of the garment in laundering—stockinette cuffs.

A REPUTATION—

Built upon the solid rock of years of leadership in manufacture and value!

Marvin-Neitzel operating room apparel introduces new standards of wear, convenience and economy. The garment shown above, featuring new refinement in design and manufacture, simply illustrates the sound, progressive standards of all Marvin-Neitzel products.

The Marvin-Neitzel brand combines the oldest and newest in the hospital apparel industry. Here are vision and experience joined in the common objective of making finer and more economical accessories for the medical professions.

Whether it be a nurse's gown or cap—a doctor's suit or operating room mask—a pneumonia jacket or patient's sleeping garment, if it carries this mark its correctness in design, craftsmanship in manufacture and wearing economy are assured.

Last but not least—Marvin-Neitzel products may be had direct from the manufacturer—YOUR style, YOUR size, YOUR choice of material direct by mail at prices that save.



No. 6079 Gauze Operating Mask.



No. 72 Nurse's Operating Gown made in V neck or round neck. Opens down back. Fastens with three tie-tapes and belt.



No. 15 Doctor's Operating Cap. Mesh top.



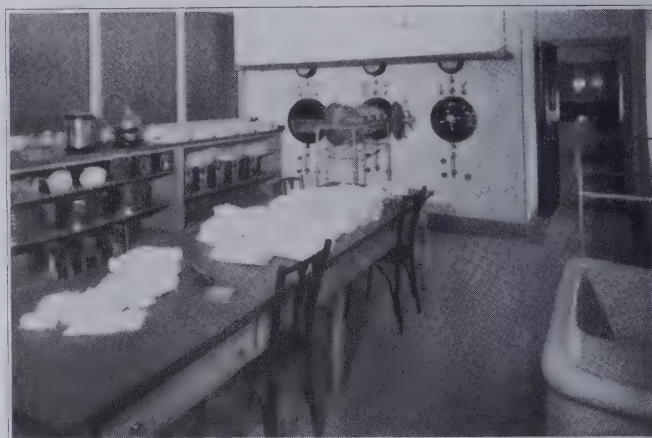
MARVIN-NEITZEL CORP., TROY, N. Y.

Originators of

PERMANENT Fit "Sanforized" Uniforms for Nurses and Doctors

As to the field of the central supply room, it may be limited to sterilized goods or it may be extended to include practically all equipment used in the care of patients. It at least offers to the harassed superintendent of nurses an opportunity of ridding herself of the duty of handling many articles formerly dispensed through the nursing school office. Surgical supplies, gauze, combines, operating room sets, soaps, solutions and everything needing auto-clave service can well be included. Smaller utensils and instruments may best be prepared in the individual departments or on the floors. In passing it may be remarked that the practice of autoclaving instruments is increasing in favor and is a safer and more certain procedure than boiling. The distribution of thermometers, syringes, oxygen apparatus, croup kettles, electric bakers, etc., can also be assigned to the central supply room. It provides for orderly issuance and return and offers an opportunity of regular checking of instruments some of whose delicate mechanical operations involve the life of our patients.

Methods of distribution of supplies will vary according to the layout of the building and the general program. A system of requisition is the most essential detail in taking advantage of the economy which a central supply room plan offers. In Mary Immaculate Hospital we have a weekly requisition of hypodermic needles, razor blades, tubing and other such articles the need of



View of central supply room, Mary Immaculate Hospital.

which can be determined over such a period. There is a daily requisition of general supplies needed for the floor and also a daily requisition of special and more expensive dressings needed for individual patients. From this latter list the director of the central supply room is able to determine when and how to charge for extra dressings. Requisitions are collected at 4 p. m., at which time unsterile trays, etc., are also received and returned to the central supply room. Supplies are distributed at 8 a. m. in accordance with the previous afternoon's requisitions. Emergency needs are filled at any time. The ideal would be to have an automatic dumbwaiter opening directly into the central supply room. Not having the ideal in this respect we utilize a carriage very similar to the ordinary food cart.

The advantages of a central supply room are:

1. It relieves the nurses throughout the hospital of many time-consuming duties.
2. It assures better sterilization under the supervision of a trained person.
3. It makes for economy through careful supervision of the requisitions of both students and special nurses.
4. It provides an economical and satisfactory method of supplying special equipment. Instead of many units scattered throughout the building in uncertain locations and doubtful condition, a limited number can be kept in the central supply room where they are frequently tested, expertly adjusted, and may be easily located.

UNIFORM COMPANIES MERGE

E. W. Marvin Company, Troy, N. Y., and the Neitzel Manufacturing Company, Waterford, N. Y., have been amalgamated under the name of Marvin-Neitzel Corp., Troy. These organizations are well known in the hospital field as producers of superior quality hospital garments of all types. The Marvin company, established in 1845, has served this field exclusively for more than three-quarters of a century, being the largest and probably the oldest manufacturer in this line. The Neitzel company originated the Sanforized shrunk uniform for nurses. D. Walter Mabree, president of the Marvin company, now is chairman of the board, and Raymond P. Neitzel, president of the Neitzel company, has been chosen to serve as president and treasurer of the new organization.



NITROUS OXIDE CARBON DIOXIDE
OXYGEN CARBON DIOXIDE &
ETHYLENE OXYGEN MIXTURES

TIME TELLS!

In the last twenty years in America every so often some new form of anesthetic has been put on the market, sometimes with most startling claims. Most of them vanish as rapidly as they come, because they cannot stand the test of time.

It was just about twenty years ago that NITROUS OXIDE AND OXYGEN first came into real use as a major anesthetic. Today, supplemented by ETHYLENE and CARBON DIOXIDE gases, they are more largely consumed than ever before, and the consumption is constantly growing. THE USE OF THESE PRODUCTS HAS STOOD THE TEST OF TIME.

Back of the Puritan Maid label on each and every cylinder identifying the products of the Puritan Compressed Gas Corporation is the reputation of eighteen years in the field. For safety reasons we differentiate our gases with distinctive colors over the entire cylinder, as recommended by the resolution of the International Anesthesia Research Society.

We also offer Anesthetic Equipment, Pressure Reducing Regulators, Bedside Stand Inhaling Outfits, Noiseless Roller-Wheeled Cylinder Trucks, Oxygen Tents, Resuscitation Apparatus, and Wilson Soda Lime.

PURITAN COMPRESSED GAS CORP.

Kansas City Cambridge, Mass. Chicago
2012 Grand Ave. 60 Rogers St. 1660 So. Ogden Ave.
Baltimore Cincinnati Detroit
Race & McComas Sts. 6th & Baymiller Sts. 455 Canfield Ave., E.
St. Paul St. Louis
810 Cromwell Ave. 4578 Laclede Ave.

Write for your copy of our latest booklet, "The Real Story of Oxygen for the Medical Profession." Also catalogues of Latest Oxygen Tents.

ZEISS PANTOPHOS OPERATING LAMP



**Free from Shadows
Free from heat
Free from glare**

Hook Suspension \$503.
Band Suspension \$530.
Trolley and Rail \$585.

Above prices without bulbs f.o.b. N. Y.
CARL ZEISS, INC., 485 Fifth Ave., N.Y.
728 So. Hill St., Los Angeles

SAFETY—COMFORT—ECONOMY



**THE
POWERS
SHOWER
MIXER**

IN thousands of hospitals, nurses' homes, schools, clubs, hotels, and homes this remarkable SAFETY mixer is replacing ordinary mixing valves because it prevents sudden "shots" of cold or scalding water due to the use of nearby faucets, flush valves, etc.

Write for Book. The Powers Regulator Co., 2715 Greenview Ave., Chicago, 231 E. 46th St., New York—also in 41 other cities.

VIC CREPE BANDAGE —excels all others in Quality.

VIC Crepe Bandage is a domestic product, made of the finest long-staple Sakalarides cotton. Not equalled in quality even by the best imported bandage.

Absolutely no rubber to deteriorate. A 90% stretch that is fully restored by each washing. Comfortable for patients to wear.

Especially practical and economical for hospital use.

Mail coupon below for complimentary sample of VIC.

THE NORVIC COMPANY
Lowell, Massachusetts



Send
for
**FREE
Sample**

Please send me, without charge, a sample VIC Bandage.

Name

Address
M-6

ANNUAL REPORTS

A PRINTED Annual Report presenting to the public a brief, interesting statement of *what the hospital has accomplished during the year* is not only desirable but essential.

Such a report has great publicity value if properly written and produced. It should be the medium through which members of the community may be interested in the work of the hospital.

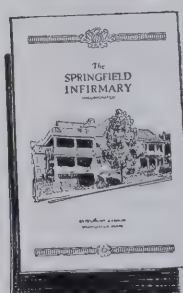
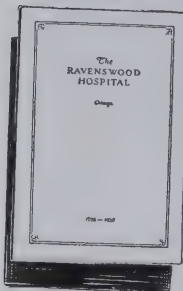
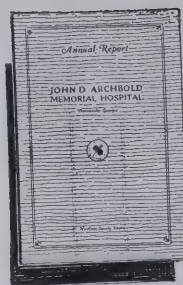
A plan of standardization in the matter of size of book, paper stock for inside and cover, typography and other details enables us to offer you a service in this matter heretofore not obtainable.

Now is the time to prepare the copy. Write for details of our Standardized Service.

Physicians' Record Co.

(The Largest Publishers of Hospital and Medical Records)

161 W. Harrison St. Chicago, Ill.



THE RECORD DEPARTMENT

Record Room Procedures At Allegheny General

THE general record room under the direction of Pauline Espe is only one phase of the work of the record department of Allegheny General Hospital, Pittsburgh.

The following departments have complete record systems of their own: the William H. Singer Memorial Research Laboratory, the Heart Station, the X-ray, the physiotherapy, and the out-patient sections. The existence of specific records in any or all of these departments is, of course, noted on the general record.

Of the special department records, probably the most varied are those found in the William H. Singer Memorial Research Laboratory. Not only must the specimens be immediately numbered and filed when received at the laboratory, but they must be followed through the necessary steps in their analyses.

Let us follow a surgical specimen, say an appendix, that was removed in the operating room by one of the staff surgeons. When it arrives at the laboratory it is accompanied by a slip bearing the patient's name, hospital record number, and sufficient data to direct the kind of examination.

The resident in pathology immediately gives the specimen a number which is recorded on the slip and in the office of secretary. He also dictates a description of the appendix which includes details of its size and appearance as seen with the unaided eye.

Sections are taken from the appendix, immersed in a special fluid and then put through various technical procedures in order to prepare them for final diagnosis with the aid of the microscope.

During all these steps the original tag and number corresponding to the number placed on the requisition slip and likewise recorded in the laboratory office stays with the specimen.

In the final step, when the specimen is cut to extreme thinness and placed on a glass slide preparatory to being stained, the number is scratched on the side.

A microscopic description is then dictated by the resident in pathology to the hospital intern.

All notes are recorded on the original slip that first accompanied the appendix from the hospital to the laboratory and on which the gross description has already been recorded. After the specimen is examined by the director of the laboratory, a final diagnosis is made and recorded on the slip.

The original slide is filed and indexed and the slip with all the accumulated information and final diagnosis is typed in duplicate by the secretary. The duplicate description is then sent to the hospital and is bound with the patient's clinical chart.

In the meantime, the recording in the laboratory office continues. Let us assume that a final diagnosis of acute appendicitis was made.

First, the patient's card upon which the laboratory test numbers are placed contains the number that was given upon arrival in the laboratory.

Then, the number is placed under a main heading of "disease of the appendix." Likewise, it is recorded under general term of "acute inflammatory diseases."

Should the patient's physician ever desire to examine the original slide, numerous duplicates are kept. Extra parts are preserved in alcohol, filed and cross indexed.

The foregoing description concerns only one division of the laboratory; all departments are conducted in a similar manner and thousands of specimens diagnosed and indexed.

The typed descriptions and diagnoses are then bound in volume form, together with microphotographs of the interesting cases.

Duplicate notes on all laboratory tests and findings are given to the record room in the hospital.

In the record room, all of the findings of separate departments are assembled in one general record.

When a patient is admitted, the intern records a provisional diagnosis as a working basis, also the patient's statement of his chief complaint, the pertinent family history, his personal history, and the duration and characteristics of his present illness.

From the bulletin of the hospital.



Over two thousand hospitals use our forms

Superintendents

should have our

CATALOGS and FREE SPECIMENS

of

Charts and Records

AMERICAN COLLEGE OF SURGEONS
(Standardized Records)

CATALOG No. 10 (100 Miscellaneous Forms)

TUBERCULOSIS RECORDS

OCCUPATIONAL THERAPY RECORDS

VALUABLE RECORD BOOKS

HOSPITAL STANDARD PUBLISHING COMPANY

40-42 S. PACA STREET - BALTIMORE, MD.

Write for samples : : Sent on request

GASES

that are PURE

Though techniques may vary, all will certainly agree that the purest of gases only should enter the respiratory tract. S. S. White Nitrous Oxid and Oxygen are as pure and potent as these gases can be made.

The S. S. White Dental Mfg. Co. is the oldest manufacturer of N_2O & O for human inhalation in the States and perhaps the oldest in the world. It is equipped in experience and laboratory facilities for all classes of analytical research and qualitative tests that assure a uniform purity, potency and physiological safety in Non-Freezing Nitrous Oxid and Oxygen.

The cleansing and inspection of each cylinder before filling is accorded a thoroughness that should certainly give you a pleasant feeling of confidence in the use of S. S. White Non-Freezing N_2O & O were you to see these operations.

Non-Freezing N_2O does not require thermal devices at the valves to maintain even flow.

**Non-Freezing Nitrous Oxid
and Oxygen**

*For Sale by
Dental and Surgical Supply Houses*

The S. S. White Dental Mfg. Co.
211 South 12th Street Philadelphia

"Grape Juice Concentrate"

A PURE PRODUCT OF THE GRAPE.

Nice Christmas Gift

No Imitation

Purity Guaranteed

\$4 for one dozen ten-ounce cans

\$15.75 for 6 one-gallon cans

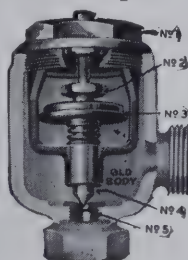
Express charges prepaid. Directions for use included.

Write

David Nichols Co., Kingston, Georgia

OLD RADIATOR TRAPS

Are transformed into modern, efficient traps by the use of Monash ten year guaranteed thermo element—as per illustration.



Send us one of your old trap bodies. We will fit our element into it and return it to you postpaid for test on consignment.

Monash-Yunker Co., Inc.

Established 1890

1315 W. Congress St., Chicago

*The Solar
system of
waste dis-
posal means
efficiency and
economy. Many
hospitals are
now stan-
dardizing on
Solars!*

Full information
on wide ranges of
models and prices
promptly supplied
upon request.



SOLAR-STURGES MFG. CO.

MELROSE PARK, ILLINOIS

DOCTORS and SPECIALISTS

By MORRIS FISHBEIN, M. D.

Filled with
contagious hu-
mor which is
death on
quacks and poi-
son to the pom-
pous.



"I'll redouble"



"Just state those symptoms once more,
please"

Price \$1.00

History's
funniest satire
of Doctors,
Specialists
and peculiar
Healers

HOSPITAL MANAGEMENT,
537 S. Dearborn Street, Chicago

Gentlemen: Please send me cop of DOCTORS
and SPECIALISTS. (Price \$1.00).

Name

Address

The Funniest Book of the Year



The new 12-oz. "Hospital Size" is in great demand

IF YOU ARE NOT ALREADY ACQUAINTED
WITH THIS HEALING AND SOOTHING POW-
DER, WILL YOU LET US SEND YOU A
**PROFESSIONAL SAMPLE
FREE**

We should like you to make a private test of Z. B. T. Baby Talcum . . . to discover for yourself why it is endorsed so enthusiastically by leading members of the profession. We want you to see Z. B. T.—to *feel* it—to subject it to the most exacting examination you can think of. Scientifically compounded, according to the formula of a famous pediatrician, Z. B. T. combines all of those qualities that make for a thoroughly safe and pure dusting powder. Superfine and uniform in texture, it is absolutely free from lime, mica or other harsh abrasives. Z. B. T. is mildly medicated, light and soothing. It neutralizes the acidity of perspiration and urine, and prevents friction and chafing. A request on your hospital letterhead will bring you generous free samples of Z. B. T. Baby Talcum, together with trial tubes of Z. B. T. Olive Oil Cream—a pure, liquefying, vegetable cream which may be used instead of oil on the tender skin of infants.

CRYSTAL CHEMICAL CO., DEPT. 24, BRONX, N. Y.

**Z. B. T.
BABY TALCUM**

FINE FOR BABY'S BODY!—FINE FOR EVERYBODY!

A complete physical examination is recorded for every patient who is in the hospital longer than 24 hours.

Clinical notes are made frequently to indicate the progress of the patient.

All special examinations such as laboratory, X-ray, dental, heart, and neurological are noted in detail.

All orders and consultations are also recorded.

A complete record of each operation is dictated by the surgeon or his assistant immediately upon its completion and attached to the chart.

A daily temperature, pulse, and respiration graph is kept by the nurse in addition to her general notations concerning the patient.

When a patient leaves the hospital a discharge note is made which states: his general condition; the condition of the part treated or the result of treatment in general medical cases; the disposition made of the case; and the final diagnosis and the prognosis.

Every entry on the chart is dated and signed by the person making the observation, and, moreover, the complete record must bear the mark of the attending staff man's approval.

Every 48 hours an inspector from the record department investigates the records of patients in the hospital to check up the delinquencies which occur. If these are not corrected during the process of a routine series of notification to the staff man, the case is referred to the superintendent.

Upon discharge of a patient his chart is taken to the record department by the nurse who is given a receipt for it. The chart is examined immediately by either the medical or surgical secretary. When she is satisfied that the record is complete, it is submitted for the approval of the censor, a staff man, before it can be placed for filing.

The records are filed according to an anatomical and etiological classification. The admission cards, with the significant data, including the diagnosis of the patient, are filed alphabetically so a record may be easily located when only the patient's name is known. The grouping of similar cases under this system of filing simplifies the matter of finding a number of records for group-case study. An operation file and a cross-reference file of associated conditions are maintained for reference work.

A primary function of accurate and accessible records, in addition to the indication of the patient's care, is the medical protection of the patient in relation to probable future illnesses.

The attending physician may have a synopsis of the patient's illness as a basis for home care when the patient leaves the hospital. In the event of future illness, he may secure the patient's history from the hospital.

The intrusion, however, by persons who seek records for selfish purposes is prevented.

The hospital records are never released without proper authorization from the patient or his legal representative, unless it be by court subpoena or for court use in compensation cases.



CUTS ICE CREAM COSTS

Many unique features have been embodied in the Champ-Freeze, the 20-quart brine ice cream machine, announced by Champion Line Machinery, New York. The "Champ-Freeze" is extraordinarily attractive. Nickel-silver and Monel metal have been used wherever practical. Every part is easily accessible for cleaning. The ice cream costs, the company states, are cut 50 per cent with the "Champ-Freeze." An accurate control of quality is possible in the preparation of the mix and selection of flavors and fruits.

DEVELOP FROZEN FOODS

The development of the new frozen foods industry will be aided by the action of the Frozen Foods Association of America, just announced by President H. P. Stuckey, of Experiment, Ga. An equipment division has been formed, with seven of the leading manufacturers of electric refrigerators as sponsors, and an office has been opened in Detroit. William Jabine has been appointed executive secretary. The equipment division will be enlarged, by the admission of other organizations identified with the new frozen foods industry.

There
should be
at least
one
Operay
Multibeam
in
Every
Hospital



Flexible
as
a
Flashlight

Into every cavity from the right angle—instantly

It is one thing to talk about the Operay Multibeam as a *light*—pure white, always in focus, practically shadowless—and another thing to talk of Operay as a *fixture*. For this Operay fixture directs, controls and maneuvers the light in every needed surgical position by the simple turn of a wrist—instantly.

Whether you choose operating illumination by the quality of the light or by its positional ability—you can get both in greatest measure in Operay. No other combines *all* of the features.

Write for complete details and list of hospitals that have Operay Multibeam.

OPERAY LABORATORIES
7923 South Racine Ave. Chicago, Ill.

OPERAY MULTIBEAM

DIACK CONTROLS



TAKE the guesswork out of pressure sterilization. You can't get along without them.

They provide the one **POSITIVE** method of proving **HEAT PENETRATION TO THE CENTER OF EACH PACKAGE** in the sterilizer, because they will melt only under sterilizing conditions.

No hospital is safe without them.

Box of 100—\$6
Postpaid
Sample on Request.

A. W. DIACK

5533 Woodward Ave.

Detroit, Mich.

This Literature May Help You

IF you are interested in acoustical treatment—if you want to know the best method of cleaning floors—if you are planning to rearrange your kitchen, or if other problems of construction or maintenance are bothering you—

You may find valuable help in the booklets and pamphlets listed on page 16. This literature which is published by various manufacturers and dealers serving the hospital field, contains many items of useful information for the hospital executive.

We'll be glad to see that you get any items you want, entirely without obligation. Simply fill out the coupon and mail it to HOSPITAL MANAGEMENT. And if you want specific information about items not listed on these pages, we'll be glad to help you.

Just tell us what you want.

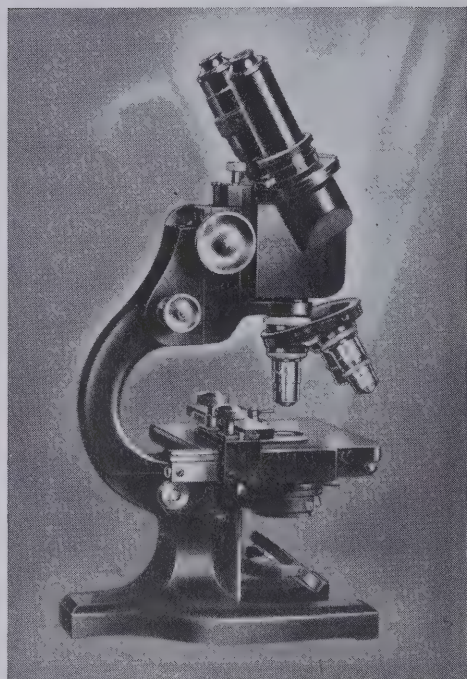
HOSPITAL MANAGEMENT
537 S. Dearborn St.
Chicago, Ill.

Please see that the items listed under the following numbers on page 16 are sent to me. I understand that this involves no obligation on my part.

Name

Hospital

Address



The Angle OF GREATEST COMFORT

The Spencer Double Inclinator is tilted at just 30° from the vertical—the angle which permits the greatest comfort in observing specimens. Tilted eyepieces increase your efficiency because they do away with the distraction of tired and aching neck muscles caused by bending your head over up-right eyepieces.

This Double Inclinator is now standard equipment on the Spencer No. 4 MLH Microscope. This microscope is built slightly heavier, a bit larger. It is built sturdier to protect its inherent precision from the knocks and jars that any microscope unavoidably receives. No. 4 MLH Microscope, because of its new design and construction, is definitely a better laboratory instrument.

Tear out the coupon below and send it to us for Folder M-49 which gives complete information and prices on this instrument.

SPENCER LENS COMPANY
BUFFALO, N. Y.

SPENCER LENS COMPANY,
19 Doat Street,
Buffalo, N. Y.

Gentlemen:—

Please send me your folder M-49, giving me complete information and prices on your No. 4 MLH Microscope.

Name

Address

City..... State.....

X RAY; LABORATORIES

Photographic Service at Wichita Hospital

By C. Alexander Hellwig, M. D.
Pathologist, St. Francis Hospital, Wichita, Kan.

PHOTOGRAPHIC recording of clinical facts and of pathological specimens is so generally appreciated that a photographic department will soon be regarded as an indispensable unit of the modern hospital.

At St. Francis Hospital the photographic department was organized with the intention to render a special service to the hospital and the members of the staff. The success of its work led to the plan for giving similar service to all physicians who desire it. The department is supervised by the pathologist of the hospital, although it operates as an independent unit. The service comprises the production of clinical photographs of patients and gross specimens, microphotographs, the copying of charts, drawings and printed or typewritten data, the making of lantern slides in black-white and in natural colors.

The equipment consists of a clinical camera outfit, two incandescent lighting units, a micrographic camera with Zeiss microscope, accessories for making of lantern slides and enlargement. The photographic procedures are reduced to such a simple and completely standardized set of maneuvers that anybody can with perfect regularity make extremely good pictures.

The photographic records are systematically kept so that they serve a very useful purpose to the hospital and attending staff. When a request for photographic work is made, the patient's name, lesion, date, doctor's name, etc., is recorded in a journal and a filing number is given.

The negative and one print of the picture is filed in the photographic department and another print is attached to the patient's chart, thereby becoming a part of the case record.

A lantern slide library is organized, from which slides can be obtained by physicians for lectures in the classroom or in medical societies. The most valuable section of this library consists of slides of gross specimens and lesions, made in color photography, which replaces more and more the expensive and troublesome mounting of museum specimens in Kaiserling's solution.

The list of charges for photographs:

Clinical photograph, 5x7.....	\$1.00
Photomicrograph, 5x7	1.00
One extra print of same.....	0.10
One lantern slide of same.....	0.20
One lantern slide from drawing, book illustration, table, etc.	0.40
Photograph in natural color (lantern slide).....	1.00

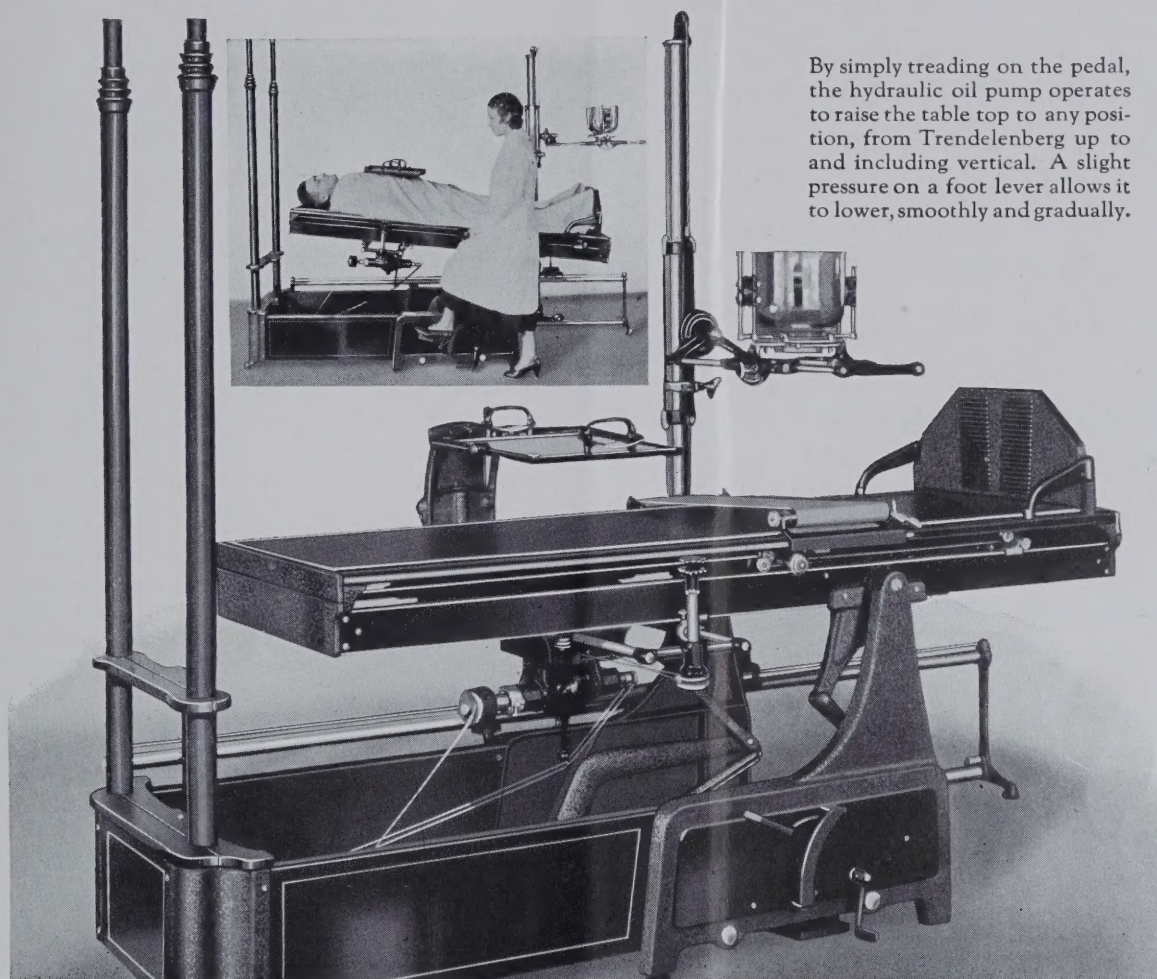
FOR NURSING AND OTHER EDUCATORS

Nursing educators and those concerned with other educational activities of hospitals will be interested in the announcement that the New York Silicate Book Slate Company, New York, has perfected a new composition slate blackboard known as "Seloc Slate," composed of wood fibers in long lengths, impregnated in oil and formed under high pressure. The board is waterproof, will not warp or bulge, and is an easy writing blackboard because the surface has exactly the proper amount of abrasive. Ease of erasing is a notable feature.

FOR YOUR DIETARY EXECUTIVE

Those interested in food preparation efficiency may get a booklet containing detailed descriptions of food mixers and vegetable peelers from the Reynolds Electric Company, Chicago.

A new flat Bucky Table with hydraulic power



By simply treading on the pedal, the hydraulic oil pump operates to raise the table top to any position, from Trendelenberg up to and including vertical. A slight pressure on a foot lever allows it to lower, smoothly and gradually.

THE principle of hydraulic power as here applied for tilting the table top, is an innovation in the diagnostic table. Operated by foot, it leaves the hands free for manipulation of the patient. The flexibility, practicality and all-round efficiency of this new development are bound to be appreciated by every roentgenologist.

Write for detailed description

**GENERAL  ELECTRIC
X-RAY CORPORATION**

2012 Jackson Boulevard

Chicago, Ill., U.S.A.

FORMERLY VICTOR



X-RAY CORPORATION

Join us in the General Electric program broadcast every Sunday afternoon
over a nationwide N. B. C. network

FEATURES

- Hydraulic Tilt
- Foot Operated
- Noiseless Operation
- Flat Bucky
- Improved design of fluoroscopic screen staging
- Improved Tube Stand and side rails with horizontal stereo shift
- New Immobilization Device
- Moderate Price

Every hospital should operate its own LAUNDRY

Write for our plan
whereby you can install
your own laundry and
only pay us the actual
savings until the plant
is paid for.

Kellman-Sycamore Company
Gas Heated Laundry Machinery
*Serving the Hotel, Hospital, Restaurant
and Institutional Field Exclusively*
Sycamore, Ill.

BLACK BOARDS

SILICATE SELOC SLATE
NATURAL SLATE BLACKBOARD CLOTH
Framed or unframed — hanging type or on rollers
Also Silicate Book Slates

CORK BULLETIN BOARDS

Oak finished frames or unframed
All sizes: 18 x 24 inches and up

N.Y. SILICATE BOOK SLATE CO.
20 VESEY STREET NEW YORK CITY

These Labels

mean lower bed linen costs

Utica Sheets wear longer because they are made from a longer fibre cotton. Less than 6% of the cotton crop meets Utica standards of quality. Send for free samples. Utica Steam & Mohawk Valley Cotton Mills, Utica, N. Y.



THE HOSPITAL LAUNDRY

"Lay Out Laundry Equipment, Then Plan the Building"

A MAN who has made a long study of hospital laundry problems and who is familiar with the difficulties of these departments, due to improper planning, inefficient organization and similar defects, recently asserted that the hospital which was considering a new laundry building should first of all ascertain just what it needed on the basis of expected volume of work, decide on its equipment, locate it on a plan, and not until then consider the other features of a laundry building.

This will come to many hospital executives as a rather novel suggestion, but upon consideration there seems to be considerable merit to it. Many hospital people know of laundries that are stuck away in some inconvenient corner of a basement, or are fitted into a building which, when it was planned, had not been considered as the home of the laundry department. Such conditions affect the cost of operation as well as the quality of the work. They frequently mean that inadequate equipment must be provided, due to limited space, or that employes must take many unnecessary steps or carry linens back over a route that should be a one way thoroughfare.

It seems logical to believe that where such an arrangement is possible, the demands of the hospital should govern the arrangement and size of the laundry and especially of the laundry equipment. If such is the case, why not determine what items of equipment are necessary, in the event of remodeling or the erection of a new laundry building, place these pieces of equipment on the plan sketches in the order that they should be placed to promote greatest economy and efficiency, and then let the architect design a building that will accommodate the equipment in that way? The matter of power connections, drains, etc., may get the attention necessary under such a scheme of planning and construction.

It's an idea worth considering.

Another suggestion made by this man is that daily contact with the work prevents hospital personnel from recognizing grayness or other characteristics of inferior work. To a person experienced in laundry work, not connected with the institution, such defects would immediately become apparent. Upon several occasions this laundry man has called to the attention of hospital superintendents such inferior work which was not noticed because it had been a gradual development, becoming worse as time went on, but so gradual in its progress as not to attract the attention of the people who were handling the linens day after day. A remedy for this would be to have an outsider inspect the laundry once every three or six months, if any superintendent felt that such a happening was likely in his or her institution. To a person accustomed to the proper standard of laundry service, the grayness or other defect would be instantly noticeable, just as the gradual failing of a sick person may not be noticed by one who sees him every day but is immediately apparent to a visitor who comes but once in several months.

DIRECTOR OF BROKAW DEPARTMENT

"Hospital News" of Brokaw Hospital, Normal, Ill., of which Macie N. Knapp is superintendent, announces the appointment of Dr. Henry W. Grote as director of the X-ray department. Dr. Grote is a charter member of the Radiological Society of America and founder of the Illinois Radiological Society.

CLASSIFIED ADVERTISEMENTS

Use this department to secure employment, fill positions which are open, buy or sell commodities or service, etc., etc.

Rates are eight cents per word per insertion. If copy is repeated without change in three consecutive issues the total charge is twice the charge for a single insertion. Instructions to print classified advertisements should be accompanied by

check, money order, or cash in full payment.

If desired, inquiries will be received under a box number at this office and forwarded to the advertiser without extra charge. Count four words for box number.

Additional charge is made for special arrangement of type or unusual set-ups.

SPECIAL COURSES

A COURSE IN CARE OF MEDICAL CLINICAL
Records is open to qualified students at the Rochester General Hospital, Rochester, N. Y. Four to six months. Tuition, \$60. For information address Mrs. Jessie Harned, Medical Librarian. tf

SALESMEN WANTED

WANTED—SALESMEN CALLING ON HOSPITALS to sell linens and uniforms. Nestel's Products Company, 487 Broadway, New York City. 332

MANUFACTURER WANTS SALESMEN CALLING on hospitals to carry side line of waterproof, rustproof, dentproof wastebaskets, tested and approved by both Good Housekeeping and Delineator Institutes. Also line shatterproof flower vases, outstanding products, attractive appearance, priced right, easy to sell. Arveyware Corporation, 3500 North Kimball Avenue, Chicago, Ill. 931

FOR SALE

DIPLOMAS—ONE OR A THOUSAND. Illustrated circular mailed on request. Ames & Rolinson, 206 Broadway, New York City. tf

POSITIONS WANTED

HOSPITAL RECORD LIBRARIAN—YOUNG lady, well educated, trained Record Librarian, long experience as medical secretary in surgeon's office, desires position as Hospital Record Librarian. Address: M. B., care of Hospital Management. 12-31

SALESMAN—15 YEARS' EXPERIENCE CALLING on hospitals and institutions, would like to carry one or two lines of merit on the side. Address P. O. Box 64, Woodside, L. I., N. Y.

POSITION WANTED—ASSISTANT SUPERINTENDENT, man, age 24, American, Protestant, B. S., University Chicago. Also some medical, legal and commercial education. Looking for opportunity. Box A-392, Hospital Management.

LADY, 40, REQUIRES POSITION AS CHARGE in small maternity or general hospital. Competent, reliable—bright, kind disposition. C. M. B. Certificate of England, also Surgical and Medical Diplomas. Graduate of Leeds, England. Would consider good private work. Apply Box A-393, Hospital Management.

SUPERINTENDENT OR ASSISTANT, LAYMAN with 19 years' experience, graduate in business administration, specialist in purchase and supply. Best of references. Box A-394, Hospital Management.

ALLIED PROFESSIONAL BUREAUS OFFERS YOU pre-selected registrants from the nursing, medical, and college fields, thus assuring you a distinct advantage when seeking qualified personnel. If you need efficient nurses, executives, or any hospital personnel whatsoever, it will profit you to communicate with us immediately. Wire Allied Professional Bureaus, 7th floor, Marshall Field Annex, Chicago. tf

ZINSER PERSONNEL SERVICE

Anne V. Zinser, Director
1547 Marquette Bldg.
Chicago, Ill.

Zinser Personnel Service offers a selective service to hospitals seeking qualified graduate nurses, supervisors, instructors, superintendents, dietitians, anesthetists, technicians, physicians.

POSITIONS WANTED

POSITION WANTED—GRADUATE NURSE, stenographer, in doctor's office, clinic, or hospital. Age 27, experience in supervising. References. Moderate salary. Box A-402, Hospital Management. 12-31

WANTED—POSITION IN CONVALESCENT Home or Home for Incurables or Masonic Home by graduate registered nurse. Salary no object as possess personal income. Box A-398, Hospital Management. 10-31

FORMER SUPERINTENDENT 160-BED MUNICIPAL hospital desires connection. Can furnish satisfactory credentials. Box A-403, Hospital Management. 132

MEDICAL BUREAU,

M. Burneice Larson, Director
Pittsfield Bldg., Chicago, Ill.

ANAESTHETIST—Postgraduate course in anaesthesia, Lakeside; postgraduate course in surgery, Bellevue; eight years' experience as anaesthetist. 641, Medical Bureau, Pittsfield Building, Chicago.

INSTRUCTOR—A. B. and Graduate nurse degrees from state university; three years' theoretical instructor, university hospital. 640, Medical Bureau, Pittsfield Building, Chicago.

SUPERVISOR—Bachelor of nursing degree from Yale School of Nursing; one year, teaching supervisor of obstetrics, university hospital. 642, Medical Bureau, Pittsfield Building, Chicago.

ADMINISTRATOR—Graduate of Johns Hopkins; post-graduate training in business administration; two years, assistant superintendent, 300-bed hospital; five years, director of nurses, 400-bed hospital, and four years, superintendent, 110-bed institution. 643, Medical Bureau, Pittsfield Building, Chicago.

SUPERVISOR—Graduate of university hospital training school; three years, supervisor of small middle-western hospital; three years, floor supervisor, 500-bed teaching hospital; age 28. 644, Medical Bureau, Pittsfield building, Chicago.

SUPERVISOR—Graduate of well-known training school; six months' post-graduate work in operating room technique; six years, operating room supervisor, 300-bed hospital. 645, Medical Bureau, Pittsfield Building, Chicago.

TECHNICIAN—B. S. in medical technology, University of Minnesota; well trained in all laboratory procedures; qualified in X-ray, also; two years' experience. 646, Medical Bureau, Pittsfield Building, Chicago.

DIRECTOR OF NURSES—B. S., M. A. degrees; eight years' experience as training school executive, during which time she organized a school of nurses which has proved eminently successful; highly cultured, well educated woman with pleasant manner and good poise; excellent record. 647, Medical Bureau, Pittsfield Building, Chicago.

DIETITIAN—B. S., University of Illinois; student course at university hospital; two years, in charge of dietary department, 150-bed hospital. 648, Medical Bureau, Pittsfield Building, Chicago.

SOUTHWEST HOSPITAL PLACEMENT BUREAU, 523 Shukert Bldg., Kansas City, Mo.

We have available for appointment a group of well-trained Superintendents, Superintendents of Nurses, Nurse Technicians, Dietitians, Supervisors, Anesthetists. Write us your requirements.

NORTH'S HOSPITAL REGISTRY,
1065 Peachtree, N. E.,
Atlanta, Ga.

AVAILABLE FOR POSITIONS:

We have a large and interesting list of nurses, qualified by education, special training and experience, to fill the most responsible hospital positions. Also Dietitians, Technicians, Record Librarians, Housekeepers, Housemothers, etc.

All applications carefully investigated before acceptance. There is no charge to the employer. Write or wire your needs.

POSITIONS OPEN

MEDICAL BUREAU,
M. Burneice Larson, Director
Pittsfield Bldg., Chicago, Ill.

ASSISTANT SUPERINTENDENT OF NURSES—For children's unit of university group; university degree with special training in pediatrics required. 626, Medical Bureau, Pittsfield Building, Chicago.

INSTRUCTORS—(a) Beautiful hospital located in southern city; 50 students; science subjects taught at central school; \$125, maintenance. (b) Practical instructor; 100-bed hospital; new nurses' home with complete teaching unit; \$125, maintenance. (c) Science instructor; university degree and several years' experience required; 400-bed hospital; \$150, maintenance, 627, Medical Bureau, Pittsfield Building, Chicago.

SUPERVISORS—(a) Outpatient department supervisor; special training and organizing ability required; salary commensurate with experience; position offers unusual opportunity. 628, Medical Bureau, Pittsfield Building, Chicago.

SUPERVISOR—Surgical supervisor qualified to teach surgical technique to undergraduate and graduate students as well as capable of carrying on surgical supervision in large university hospital; academic background required; \$150, maintenance. 629, Medical Bureau, Pittsfield Building, Chicago.

SUPERVISORS—(a) Supervisor of pediatrics; 200-bed hospital located in fashionable summer resort. (b) Children's ward supervisor; postgraduate training and considerable experience required; 250-bed hospital; medical center. (c) Supervisor of contagious ward averaging 26 patients; postgraduate training required; middlewest; \$125, maintenance. 630, Medical Bureau, Pittsfield Building, Chicago.

SUPERINTENDENT OF NURSES—For one of finest hospitals in country; endowed institution receiving no state aid; perfectly appointed training school of 80 students; capable, active woman with proven record as successful director of nurses required. 631, Medical Bureau, Pittsfield Building, Chicago.

INTERSTATE PHYSICIANS & HOSPITAL BUREAU,

332 Bulkley Building, Cleveland, O.

We have a number of very desirable openings in hospitals for qualified applicants in following departments: Superintendent of nurses, assistant superintendent of nurses, science instructors, practical instructors, supervisors, surgical, pediatric, dietitians, housekeepers, and graduate nurse laboratory and X-ray technicians. Write for information.

AZNOE'S CENTRAL REGISTRY FOR NURSES,
30 North Michigan Avenue,
Chicago, Illinois

SUPERVISORS WANTED—(a) Night supervisor, registered New York, for 70-bed general hospital. Good salary. Experience required. (b) Illinois 100-bed hospital needs surgical supervisor; post-graduate training necessary. (c) Large southern institution wants surgical supervisor; large city; salary open. No. 5002.

NURSE EXECUTIVES WANTED—(a) Competent superintendent wanted, Pennsylvania hospital; unmarried, under 45 years. Good salary. (b) Good southern hospital needs competent, tactful directress of nurses. \$125, maintenance to start. No. 5003.

INSTRUCTRESSES NEEDED—(a) Florida hospital wants instructress; 25 pupils. Salary open. (b) New York hospital seeks practice instructress immediately. (c) Large Wisconsin hospital wants college trained instructress; teach this semester; then become superintendent of nurses. (d) Eastern contagious hospital wants instructress-supervisor; college credits and post-graduate training communicable diseases required. No. 5004.

NURSE-TECHNICIANS WANTED—(a) Kentucky physician wants nurse-technician to supervise small hospital. (b) Nurse-Laboratorian, able give ether and gas wanted; Detroit. State salary required. (c) California hospital wants R.N.-X-ray technician/anesthetist; good salary. No. 5005.

What's This?---

"A Year's publicity program, designed to encourage donations and more generous co-operation from the public, for \$200 or less?"

"Yes, let's send for details about this today."

HOSPITAL NEWS

537 South Dearborn Street
CHICAGO - - ILLINOIS

Classified Advertisements

cost only 8 cents a word—

use them for best results